

CALIFORNIA MEDICAL ASSOCIATION

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CALIFORNIA MEDICAL ASSOCIATION†

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CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT†

Medical Journals: For Colleagues in Military Service

In former issues appeared editorial comment on a plan to forward medical journals to the Hospital Stations of Army, Navy and Air Force camps now located in California.

This work is being carried on by the California Medical Association—through its Committee on Post-graduate Activities—in coöperation with the medical libraries of the University of California, Stanford, and the Los Angeles County Medical Association.

If you have not read the editorial outline of the plan in the September issue, you are urged to do so.

Medical journals and books may be sent to any of the addresses listed below:

U. C. Medical Library, The Medical Center, 3rd and Parnassus, San Francisco, California.

Lane Medical Library, Clay and Webster Streets, San Francisco, California.

Los Angeles County Medical Library Association, 634 South Westlake, Los Angeles, California.

If more convenient, you can send journals, via "Railway Express Agency," collect, to: C.M.A. Post-graduate Committee, Room 2008, Four Fifty Sutter, San Francisco, California. Railway Express Agency addresses: In San Francisco, at 635 Folsom (EX 3100); in Los Angeles, at 357 Aliso (MU 0261).

I

The Pepper Hearings on Medical Manpower

The Procurement and Assignment Service for Physicians, Dentists and Veterinarians, established as a part of the War Manpower Commission, is carrying on a scientific, carefully considered allocation of physicians, dentists and veterinarians to meet the needs of the armed forces, industry and the civilian population, as directed by the President of the United States in his order establishing this body. Nevertheless, a small group of individuals, including a few physicians, apparently dissatisfied with actions of the Procurement and Assignment Service in some instances, was mustered to appear before a subcommittee of the Committee on Education and

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Associate California chairman for the fourteen southern counties is Edward M. Pallette, M. D., 1930 Wilshire Boulevard, Los Angeles.

U. S. Army Medical Corps Recruiting Boards are in charge of Major F. F. South, MC, at room 1331, 450 Sutter St., San Francisco (EXbrook 0450), and Major C. A. Darnell, 1930 Wilshire Boulevard, Los Angeles (DRexel 5241).

The Office of Naval Officer Procurement for the northern section of California is in charge of Capt. C. L. Arnold, U.S.N. The Senior Medical Officer is Capt. Philip K. Gilman, U.S.N.R. The office is located at Room 515, 703 Market Street, San Francisco. Telephone EXbrook 3386, Local 46.

For the southern section of the State, the Office of Naval Officer Procurement is in charge of Lt. Comdr. John P. Ewing, MC. The office is located at the Naval Armory, 850 Lilac Terrace, Los Angeles.

For roster of Procurement Service Committees of County Medical Societies, see July issue of CALIFORNIA AND WESTERN MEDICINE, on pages 93-94.

† For complete roster of officers, see advertising pages 2, 4, and 6.

Labor of the United States Senate for hearings now being held in Washington. The American Medical Association was represented only on its own request. Obviously the American press has not been able to reflect fully the various facets of what some newspaper men have described as a "one-man inquisition," conducted by Senator Pepper. *The Journal* hopes in future issues to print a rather full account of the hearings. Physicians may then judge for themselves the nature of the inquiry and the end apparently sought.

One of the chief facets thus far obvious is the desire of some industrial leaders and of the full time staffs of physicians which they employ to maintain their individual empires without disturbance regardless of the needs of the armed forces for physicians. They believe apparently that individual physicians should be taken by the armed forces before clinics, private hospital staffs, industrial organizations or similar groups are in any way disturbed. The first objective of the nation is the winning of the war. The armed forces require preferably physicians under 40 years of age. The decision as to who is physically fit or unfit for military service and as to who is "essential" or "not essential" cannot be left to the opinion of the individual physician himself or to the organization which employs him.

The statements of Dr. Frank H. Lahey, chairman of the board, and of Dr. Max E. Lapham, director of the Procurement and Assignment Service, placed clearly before the Pepper "inquisition" the facts regarding the number of physicians in the United States, their availability for various types of service, the procedures that are being followed in protecting industry and civilian communities against a shortage of medical manpower, and the absolute impartiality with which the affairs of the Procurement and Assignment Service are being administered. Some witnesses tried to force the concept that the personnel of the Procurement and Assignment Service with all its widespread organization throughout the nation, including the corps area boards and the state and county officials, all of whom contribute their services without remuneration, are creatures of the officials of the American Medical Association. Some representatives were charged with utilizing their positions to interfere seriously with the orderly functioning of American medical practice and indeed to injure the public health. The concept is itself as false as many of the other insinuations that were made by some of those who testified. This will be clear to every physician who studies this testimony when it is printed.

Prime movers in this assault on the Procurement and Assignment Service and perhaps also on the War Manpower Commission, of which it is a part, are, as will be obvious from the testimony, Paul de Kruif, Ph.D., Michael M. Davis, Ph.D., Mr. Henry J. Kaiser, eminent industrialist, the head of his medical services, Dr. Sidney Garfield, and two physicians who are said to have been heard in executive sessions of the committee and whose names are thus far not available. Accompanying Senator Pepper in his conduct of the "inquisition" are two economists, most of whose questions, as will also be clear in the published testimony, are directed toward establishing the view that American medicine has failed to meet its obligations in the war effort and that some agency must be established with totalitarian control over all medical facilities.

In his testimony before the hearings, Dr. Thomas Parran, of the U. S. Public Health Service, spoke strongly in behalf of the services being given by the medical profession in this time of the nation's need and stated without the slightest equivocation:

SENATOR PEPPER: Do you think that allocation of med-

ical personnel between military services and civilian work should have been handled through the Public Health Service rather than through the Procurement and Assignment Service?

DR. PARRAN: I think the present arrangement is the best. As a matter of fact, after seeing the system as it was set up in Great Britain eighteen months ago, I discussed that system with the Health and Medical Committee and others and perhaps was responsible to some extent for a separate group representing the medical and dental professions being set up to deal with this problem.

Nevertheless, "Ph.D.s" de Kruif and Davis do not hesitate to endeavor to force on the U. S. Public Health Service a responsibility which the Surgeon General of that service certainly does not seek and which is opposed to his own statement based on serious study and established knowledge, that he considers the present method "best."

Already evidence has been submitted that the services established by Mr. Henry J. Kaiser, under the direction of Dr. Sidney Garfield, are endeavoring to hold from the armed forces even the opportunity to determine for themselves whether or not the considerable number of young men employed on salaries by this industrial organization are fit and available for military service. Certainly the decision as to whether or not these young men may best serve the nation in time of war in the armed forces or in the civilian capacities which they now occupy cannot be left to their employers. The final responsibility does not rest on the Procurement and Assignment Service, which can only indicate its belief as to whether or not such men are essential. The decision rests—and wisely—with the local boards in the areas concerned; these boards may give consideration to the recommendations made by the Procurement and Assignment Service. From the decisions of the local Selective Service boards appeal may be made, according to conditions established by our government, even as high as the national agencies in Washington or the President himself. Every young physician in the United States under 40 years of age should now determine in his own heart and in the light of the principles of public service traditional in medicine, whether or not he is doing his utmost to serve the nation in this time of emergency.

When the transcript of the hearings is published in forthcoming issues of the *The Journal*, readers may determine the extent to which the hearings conducted by Senator Claude Pepper of Florida represent a courteous effort on the part of a public official to determine the facts, so that representatives of the people may legislate wisely to meet the needs of the hour, or whether or not a public agency, namely a senatorial hearing, is being used—or abused—under the leadership of a senator, to pillory a profession. Already that profession has contributed to the armed forces more than forty thousand physicians, the very best that the nation can supply. The remainder are working without thought of hours, of exposure, of fatigue or of recompense to maintain medical service for the American people in this time of trial. The performance displayed in Senator Pepper's hearings is not likely to improve the morale of American medicine at the very time when it should be at its highest in the service of the war effort.—Editorial in *Journ. A.M.A.*, Nov. 14, 1942.

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II

The Pepper Hearings on Medical Manpower

Immediately following the editorials in this issue of *The Journal* [November 21, pp. 927-966], appears the report of the hearings before the Pepper Subcommittee on Education and Labor dealing with medical manpower.

A preliminary editorial on the subject was published in *The Journal* last week. Almost simultaneously with these hearings appeared an editorial in the *New York Times*, a public statement by Michael M. Davis, a press release by the so-called New York Physicians' Forum, a group of some one hundred and thirty physicians in New York City. This group includes among its leaders Drs. Ernst P. Boas and Miles Atkinson. Physicians will remember the recent appearance of these two physicians on a forum held in Washington and their insistence on a revolution in the nature of medical practice. Even before the United States entered the war, the prediction was made by many physicians that attempts would occur to utilize the emergency as an excuse for radical changes in the administration of medical services in this country.

In the report of the hearings which follows, attention is called particularly to certain highlights which merit special consideration. Dr. Frank H. Lahey placed before the committee the present status of the Procurement and Assignment Service and indicated some of the difficulties involved in the work which it is conducting. Senator Hill was exceedingly courteous to Dr. Lahey, although somewhat later in the hearings Senator Pepper intimated that Dr. Lahey is merely an automaton or marionette functioning at the behest of the Army and Navy. This will no doubt surprise Dr. Lahey.

Dr. Thomas Parran attempted to state the exact situation as he observed it. Both the Senator and his economist advisers seemed to be much annoyed that Dr. Parran did not adopt the words which they endeavored to put into his mouth.

Paul de Kruif, Ph.D. in bacteriology, indicated that he had not made any personal investigation of the Procurement and Assignment Service or of its work and that he was speaking largely from hearsay. He did draw into the situation the case of Dr. Tom Spies. Immediately following the publicity accorded to this incident, the editor of *The Journal* called Dr. Spies on the telephone. According to what Dr. Spies reported, it was the belief of a friend and preceptor that Dr. Spies should be in military service; apparently this friend asked de Kruif to speak to Dr. Spies on the subject. This was the widely publicized incident which de Kruif characterized by saying that the American Medical Association had "put the finger" on Dr. Spies. The evidence indicates that de Kruif is dissatisfied with the American Medical Association or those whom he characterizes as its leaders, although the specific cause of his annoyance is not made clear.

Mr. Henry J. Kaiser and the director of his medical services, Dr. Sidney Garfield, claim to have had some difficulties with the local representatives of the Procurement and Assignment Service because of their desire to hold in their permanent organization young physicians who have been marked "available" by the Procurement and Assignment Service.

Senator Pepper did not permit the editor of *The Journal* to make any formal statement. The hearing was conducted wholly by the question and answer technique. This procedure Senator Pepper followed frequently with all who appeared, so that much of the hearing is devoted to long statements by Senator Pepper with the answer "Yes, sir" and "Certainly, sir" from those who were supporting the cause in which the hearings were held. The editor of *The Journal* apparently found it difficult to say "Yes, sir"; it will be observed that he frequently said "No, sir"...

Mr. Michael M. Davis, Ph.D., presumably in economics, spoke as was expected.

It will be interesting to see what kind of report the Subcommittee on Education and Labor makes to its full

committee. There is apparently an effort on the part of this senatorial group to set up an independent agency for the control of all manpower, with Mr. Henry Wallace, vice-president of the United States, as its head. Presumably they would take authority from the Selective Service System and from the present War Manpower Commission as now constituted and make all agencies subservient to what Senator Pepper calls an "over-all" committee.—Editorial in *Journ. A.M.A.*, Nov. 21, 1942.

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Excerpts from "Pepper Hearing" at Washington, D. C., November 2, 1942. (Reprinted from *Jour. A.M.A.*, issue of Nov. 21, 1942.)

Interrogation of Morris Fishbein, M. D.

SENATOR PEPPER: *What do you regard as the essential needs of the armed forces, how many doctors per thousand men?* DR. FISHBEIN: I say now that they are asking 6.5 men per thousand. But if they reduce that to what Great Britain has, 4.5 per thousand, there would still not be enough young doctors to meet their needs if young doctors, men under 37 years of age, take jobs in industry in order to avoid military service.

SENATOR PEPPER: *Are there any doctors in the armed service engaged in administrative work?* DR. FISHBEIN: By a joint directive from the Joint Army and Navy Board, both Army and Navy medical departments have been instructed to take from the desk every doctor capable of giving medical service in the field.

SENATOR PEPPER: *Well now, Doctor, suppose that you should find doctors occupying key places in industry, that is the maintenance of the health of the employees of companies that build ships and cannon and airplanes and the implements of war, then it would be the old question of determining which is more important, the man or the gun, wouldn't it?* DR. FISHBEIN: Senator Pepper, that question has been given the most careful consideration by groups of the leading industrial physicians in the United States, and I mean the industrial physicians for organizations as large as General Motors, du Pont, Chrysler and Ford. All these men who are the leading industrial physicians in the United States have sat on these boards, which are making the decisions as to what constitutes an essential physician in industry.

Considering this matter purely as a matter of general information, the kind of knowledge that any man can have, it is quite obvious that a man who has built up an industrial organization for a great industry of the scope of General Motors or du Pont, and who has all of his physicians of various grades and specialties rendering service, does not wish, in wartime, to see one man moved out of that job.

We didn't like the idea of taking what I would say were seven key men from the headquarters of the American Medical Association because we have to take in other men, older, and train them to fit jobs for which we have trained men for ten and fifteen years. But we made a decision very early that if the armed forces needed a man he was to go, and we would take an older man and train him in the job.

SENATOR PEPPER: *Now who knows more about the public health, the armed forces or competent people who have the responsibility for the maintenance of our industrial operations, and the people who are in direct touch with the public health?* DR. FISHBEIN: I would agree with you at once that the leading industrial physicians of the United States know much more about industrial medicine than I do, and these decisions have been made by the leading physicians in industrial medicine in this country.

SENATOR PEPPER: *You mean the decisions in a local draft board?* DR. FISHBEIN: I mean the decisions having to do with the standards which should determine whether or not a physician in industrial medicine was or was not an essential man in that position.

SENATOR PEPPER: *Well, now, the man who is the head of a particular medical unit would also have some very important knowledge on that subject, would he not?* DR. FISHBEIN: The man who is the head of that unit, this being a democracy, has open to him four or five different methods of approach for carrying his problem to the highest point, namely Washington. He can carry his problem to the national Selective Service System. When a draft board takes a man whom he considers essential, he is privileged to file an appeal; he can carry that to his appeal board; he can carry it from the appeal

board to the national Selective Service System. And specifically, if there are 11 doctors under 37 years of age employed in any hospital associated with an industry, and if a draft board takes any 1 of those 11 who are essential to that industry, the man in charge has two methods by which he can retain the man. The man can appeal and the industry can appeal on his behalf, that is through the draft board route. Now through the Procurement and Assignment route he can again appeal to the state procurement officer; from the state procurement officer he can appeal to the corps area procurement board; from the corps area procurement board to the national board of Procurement and Assignment, on which the final decision would rest. Now if no such appeal has come up on behalf of any man from the agency that wants to keep the man, the fault cannot rest with the agency at the top, it must rest with the man who failed to file the appeal.

SENATOR PEPPER: *You mean that that is one of the methods he may pursue. Can you tell us how many men regarded as essential to the maintenance of health facilities have been kept out of the clutches of Selective Service by any of the Procurement and Assignment officials?* DR. FISHBEIN: Many hundreds.

SENATOR PEPPER: *Give us your best estimate?* DR. FISHBEIN: I wouldn't like to give an estimate, but I will file a definite statement with you as soon as I investigate the matter.

SENATOR PEPPER: *All right, we will be glad to receive that.* DR. FISHBEIN: I would have to make a special investigation on that point, but I can have the information for you.

SENATOR PEPPER: *Now in the various counties I believe you said there were representatives of the Procurement and Assignment Service?* DR. FISHBEIN: In some, not in all. There are, for instance, eight counties in the United States with less than 5 people to a square mile. No one attempts to handle that situation by setting up an organization. In some two thousand counties there are probably men who would act for the Procurement and Assignment Service, or committees of men, in grading doctors as essential or as not essential.

SENATOR PEPPER: *Dr. Lamb has some questions.*

DR. LAMB: *In connection with your point of a moment ago, Doctor, essential physicians in industry such as you were describing are not limited to those employed specifically by the large industries; that is to say, the health of industrial workers depends very largely on the average individual physician in a given community, or a member of a hospital staff, or what not?* DR. FISHBEIN: Yes, sir.

DR. LAMB: *Appeals on individual cases in other parts of the Selective Service, which I think this committee has already determined are not well protected by the present occupational deferment machinery, are no substitute for the good working of a system in which the overall plan is adequate—you would agree with that?* DR. FISHBEIN: That is absolutely right.

DR. LAMB: *So that your statement of a moment ago that these deferments might be secured for individuals is not, in your estimation, any substitute for the adequacy of the plan?* DR. FISHBEIN: Oh no. To move on to that next step which you have just raised, I am convinced that there must be and will be—of course if this war lasts—an overall control over all professional and trained personnel. There must be, because in no field is there a sufficient number of men to meet the special needs created by an army of the size proposed.

DR. LAMB: *Right on that point, we have at the present time about 40,000 physicians, you said, in the armed services?* DR. FISHBEIN: Yes.

DR. LAMB: *And I take it from what you said that they are the great majority of those under 40?* DR. FISHBEIN: Yes, it is about half of those under 40. The average age of graduation is 28 years, and they graduate each year between 5,500 and 6,000 doctors. They take one year of internship before they are considered competent, and then if they care to go into a specialty they must take a residency. All that is being looked after, that is the maintenance of a minimum number of residents, and the maintenance of a minimum number of interns—that has all been given thought. In the twelve year period it would give you 72,000 doctors under 40, which is just about right.

DR. LAMB: *Now if we have seven and a half million man army, as stated by Secretary Stimson as the goal for 1943, that would mean that if all those who are serving in the armed service are in that category of under 40 you will have all of the doctors of that age; is that correct?* DR. FISHBEIN: Fortunately for us they are not all under 40 and the exact figures are available as to just how many are now in the armed forces and in the civilian population, under 40 and above 40.

DR. LAMB: *Would you give them to the committee?* DR. FISHBEIN: I will leave them with you. For every five year age group beginning with the first year of the medical school and upward, as high as they go, we have all the doctors of this country classified—

DR. LAMB: *Dr. Lahey testified that out of that 176,000 you would not classify more than 120,000 of them as effective physicians.*

DR. FISHBEIN: That is, effective for all purposes. Now we classify, for example, a bare 30 per cent of the men over 65 as effective for all purposes, and when you get over 70 that would drop still further. Under 35 years of age, 42,671 physicians; from 35 to 44, 41,558 physicians; from 45 years to 54, 31,399 physicians. Now that gives you, let us say, under 45 about 84,000 doctors, effective doctors, in the country, and they would be considered, let us say, effective for all purposes, the men under 45 years of age.

DR. LAMB: *What part of those are included in the 40,000 or more in the armed forces?* DR. FISHBEIN: I would say that the large majority of them are included in the 40,000, but you see there is a total there of 85,000 doctors, so there is still half of those left.

DR. LAMB: *In other words we have approximately 45,000 doctors, or less, now available and considered to be in their prime, for the service of 120,000,000 people?*

DR. FISHBEIN: Again that is not quite right for the simple reason that the age period from 45 to 55 gives you 32,000 doctors and from 55 to 65, 30,000 doctors. Now the effective age for the civilian population, perhaps the best age for the civilian population of the doctor is 55 to 65.

DR. LAMB: *If I may interrupt, you have now given us 143,000 doctors under 65, and a moment ago we were discussing the possibility that only 120,000 physicians in the country were effective, and that gives us at least 23,000 who are not in the effective class.* DR. FISHBEIN: If you want to class all of the officers of the United States Public Health Service as not in the effective class—

DR. LAMB (interposing): *We are concerned with their effectiveness for the purpose of caring for the civilian population and your figure of 1 to each 1,500 was based on that. . . .*

DR. LAMB: *Thank you. Will you state your corrections?*

DR. FISHBEIN: You are assuming, in the first place, that the American Medical Association drew up plans for controlling the overall distribution of the medical profession in the United States, and they didn't.

DR. LAMB: *I am not assuming anything of the sort.* DR. FISHBEIN: It is in your question, if you will have the record read.

DR. LAMB: *I am assuming that originally the plans worked out for Procurement and Assignment are those which were worked out through the operations of your county by county and state by state estimating system, is that correct?* DR. FISHBEIN: They declared certain doctors available and certain doctors unavailable, but—

DR. LAMB (interposing): *And this is the framework under which Procurement and Assignment has gone on. What sort of protests has the American Medical Association made with respect to the continuation of enlistment of doctors?* DR. FISHBEIN: There have been letters that have gone forward to the Surgeon General of the Army and to the Secretary of War. As rapidly as it appeared that in certain areas the condition was becoming what would ordinarily be called tight, authorities representing the armed forces were informed of the fact that in certain areas of the country conditions were becoming tight and that some action should be taken. But that action had to be taken by federal agencies.

DR. LAMB: *But no effort was made to request that enlistments stop entirely and that some other system be substituted?* DR. FISHBEIN: The withdrawal of the recruiting teams was not a matter of a single action suddenly withdrawing all the recruiting teams. Just as soon as it was apparent that recruiting should stop in certain areas, it stopped in those areas, even by direct recommendation from the corps area commander, who, under our present system of Army control has the control, in his corps area, over the recruiting teams.

DR. LAMB: *Would you testify, Doctor, that in January of this year it was impossible for the American Medical Association to foresee the effects of enlistment?* DR. FISHBEIN: I think that they were clearly understood in January of this year by the Procurement and Assignment Service.

DR. LAMB: *Were there any representations by the American Medical Association to either the Surgeon General or the Procurement and Assignment Service, demanding that in January enlistments should be stopped of doctors and that some other system should be substituted therefor?* DR. FISHBEIN: We are not in the habit of demanding anything.

DR. LAMB: *Were letters written along those lines?* DR. FISHBEN: Yes.

DR. LAMB: *Will you furnish the committee with any letters to that effect written by the American Medical Association in January of this year?* DR. FISHBEN: I think it would be more in order for you to request either the Secretary of War or the Surgeon General of the Army to produce such correspondence than to ask us to produce our correspondence with them, and I think that the Surgeon General would tell you that that matter has been looked after.

DR. LAMB: *Since this was a matter of initiative on your part it seems a correct request, but the committee, I am sure, will be glad to request that correspondence from these other sources.* DR. FISHBEN: I am quite willing to ask the permission of the Secretary of War to send you the correspondence we had with him, if you wish to have it. I don't know where these authorities lie.

DR. LAMB: *I am sure that Senator Pepper would be glad to correspond with the Secretary of War to secure that correspondence. Now this question with respect to the ratio of 1 to 1,500: obviously that is an average and therefore has very little relationship to this 1 to 4,200 or 1 to 7,000, or whatnot?* DR. FISHBEN: On that I agree with you.

DR. LAMB: *Yet it is your belief that quotas should be established for areas in which those ratios prevail and that further recruitment of physicians should be carried on through the Procurement and Assignment Board?* DR. FISHBEN: On the contrary, I have stated to the Procurement and Assignment Service repeatedly, and indeed as late as yesterday, that a quota based on an overall quota for a state like Alabama, where they have one large city with a concentration of doctors in it, and a large rural area without a concentration of doctors, that the setting up of an arbitrary quota for the state of 1 to 1,500 would produce an inequitable and intolerable situation.

DR. LAMB: *You have so protested since last December repeatedly?* DR. FISHBEN: Yes, that is true.

DR. GARFIELD: *May I ask you a question, Doctor?* DR. FISHBEN: Yes.

DR. GARFIELD: *Why couldn't men over 40 take care of the base hospitals in a thousand or so army hospitals in this country? How many of the younger men are in active service? Are you aware of the fact that the Seventy-third Evacuation Unit has 40 of the best young surgeons in the country, it was formed in February, and from February until now they have been stationed in some small hospital in California doing nothing?* DR. FISHBEN: I am essentially a civilian doctor and I venture to state that if you were to ask the United States Army Medical Department about the necessity for physicians in the armed forces and how it is proposed that they will use them, that the United States Army will be able to tell you why physicians must be in training.

I am asked on behalf of a physician from Boston who is a well-known, competent ophthalmologist and who had enlisted in the Army, why that physician had been three months in a hospital and in a medical unit of the Army in Alabama without seeing any eye cases. But if the tank unit with which he had been associated was at that moment in Egypt he would be seeing more eye cases than he could possible handle, and he must be trained with his unit. You can't train him in Boston to go with a tank unit when that unit starts out.

DR. GARFIELD: *Do they train him in eye work, Doctor?* DR. FISHBEN: They train him primarily in the functions of a medical officer in the Army. As far as I know—and again I am no authority on military medical service—it becomes essential in operating the armed forces to train men with the units which they are to accompany. You can't train a man in one place and then order him to the unit when the unit goes into battle.

DR. GARFIELD: *Isn't it true that there are forty base hospitals being built in this country, with innumerable army hospitals throughout the country, and couldn't doctors over 45 man those hospitals?* DR. FISHBEN: They not only could, but there are many, many doctors over 45 doing that. I have seen a urologist whom I know to be 57 years of age working in one of those hospitals. I have been in areas in Florida, in army areas, within the past year, where I have seen gynecologists operating on soldiers. Those gynecologists enlisted in the Army. They were men well over 45 years of age, and they were enlisted with the definite idea that they would be retained in this country.

But again if we must have young men with the Army, if we must have men under 37 years of age, or at least under 40 years of age, to meet modern condition of warfare, and if the needs of the Army in combat are to be met, some overall agency must be concerned with utilizing

the supply of young men and replacing them, as far as possible in civilian life and in the whole area, with older men. That is scientific handling of the men.

This is as good a time as any to correct a complete misstatement of fact. The policy has been adopted by the Procurement and Assignment Service, by the War Manpower Commission and, after adoption by them, approved by the American Medical Association, for the setting up of prepayment plans in all industrial areas where the needs of a rapidly growing industrial community demand that as the most efficient way of rendering medical service.

DR. LAMB: *Doctor, when was that adopted?* DR. FISHBEN: That was adopted by the Procurement and Assignment Service Board at least three months ago; it was adopted by the Committee on War Participation of the American Medical Association about two and a half months ago; it was adopted by the Board of Trustees of the American Medical Association in the second week in September.

DR. LAMB: *Has it yet reached the Procurement and Assignment local offices?* DR. FISHBEN: It was given out to the public and was given out to all agencies, as far as I know.

DR. LAMB: *And they are already acting on that to the best of your knowledge?* DR. FISHBEN: To the best of my knowledge. Any one that wants to find it can have a copy of it. This is a large country and there are 120,000,000 civilians to be handled. In a service that embraces hundreds of thousands of people it is quite conceivable that some one man somewhere may not know everything that is going on. That is quite possible with respect to this man, whoever the person is, I haven't any idea with whom Dr. Garfield conferred on this matter.

DR. GARFIELD: *Three states, California, Oregon and Washington.* DR. FISHBEN: If they will read the policy as it was adopted and has been published in *The Journal* of the American Medical Association, and released to the press and in other ways given out, the plan for meeting the civilian needs in relationship to medicine has been thoroughly discussed and carefully worked out and is already functioning in many places. I will give you if you want—I will put them in the record—the names of many areas which are already being supplied with doctors because they have a shortage of doctors, and these are being supplied by a voluntary system, by doctors who have volunteered to move to other areas, and some of them are going to such places.

MR. KAISER: *Then I take it, Doctor, you believe in prepaid medicine?* DR. FISHBEN: I believe in prepaid medicine to such an extent that our own employees are insured under a hospitalization plan.

MR. KAISER: *And you support it whole-heartedly?* DR. FISHBEN: I don't say all plans. I believe in prepayment plans that are set up on a legitimate basis; there are many strange plans set up on a peculiar basis.

MR. KAISER: *We are assuming that they are legitimate; we wouldn't want anything that was illegitimate. The next thing is, if you were in my position and you couldn't get your men into a hospital and you were in an area, what would you do about it?* DR. FISHBEN: Well, it all depends. This question was asked me by another committee before which I testified recently—

MR. KAISER (interposing): *This is a specific case, we have — men—* DR. FISHBEN (interposing): In the first place I believe always in operating within the law, whenever possible.

MR. KAISER: *We are agreeable to that.* DR. FISHBEN: States have laws regulating medical practice so that it is impossible to bring a man into the state of Florida—and I mention Florida merely because that is one of the states that has the most rigid laws that exist in the country—

MR. KAISER (interposing): *I would like to get back to where I was—you will get me lost.* DR. FISHBEN: Washington, Oregon and California.

MR. KAISER: *Yes. Here is the question exactly. I would like to get back to it because you are carrying me all over the country and I will be lost. What would you do about my specific case?* DR. FISHBEN: If I were you I would ask my medical director to look into all the possibilities and not to try to solve the problem sitting where he is, but to go to the places where people have the information as to how the problem is to be solved.

SENATOR PEPPER: *You mean to come to you, Doctor?* DR. FISHBEN: No sir, come to the federal agencies which are charged with this task, and that is the Procurement and Assignment Service in this case.

SENATOR PEPPER: *That are being run by the American Medical Association?* DR. FISHBEN: Mr. Pepper, I would question that statement very strongly. If you can establish the fact—

SENATOR PEPPER (*interposing*): *Haven't you worked hand in glove with McNutt on this problem; you consulted with him on his speeches, didn't you?* DR. FISHBEIN: No, that is absolutely untrue. I have never seen—I can make this as a statement of fact, Senator Pepper—I have never seen in my life a speech of Mr. McNutt before it was written. I have published two of them after they were written.

DR. LAMB: *Dr. Fishbein, are you the chairman or director of information for Procurement and Assignment?* DR. FISHBEIN: I am Chairman of the Committee on Information. My purpose is to disseminate to the public—and this is the only function I have—through various press agencies and through medical periodicals the information which that agency wishes to send out.

Now, then, can you tell me any way in which the Procurement and Assignment Service could secure the co-operation and functioning of the medical profession without letting the doctors of the country know what their decisions were and how they function? Since obviously the publications which I edit, including medical and lay publications, are the best way of reaching the medical profession of the United States, the Procurement and Assignment Service would be operating inefficiently if it failed to utilize those legitimate means of publicity.

DR. LAMB: *And your services?* DR. FISHBEIN: Well, my services consist principally in this: When they send me a statement and say, "Please give this publicity," I publish it in *The Journal*, I send it to all the other medical journals of the country, and I send it to the press of the country. Now if anything can be found wrong with that procedure, anything out of the way, which indicates any control over their actions, I would like to have you point it out.

SENATOR PEPPER: *How often have you consulted with the Procurement and Assignment agency or Mr. McNutt?* DR. FISHBEIN: When they had matters of publicity to be given out they sent them to me by mail in 95 per cent of the cases. I have been present at one or two meetings where they wished me to be present in order that I might give out publicity. I do not sit with the board at their meetings.

SENATOR PEPPER: *Getting back to Mr. Kaiser's question as to what you would do in his case in trying to provide medical attention—* DR. FISHBEIN (*interposing*): I know that Mr. Kaiser personally is not going out to hire doctors, he is going to ask one of his subordinates to handle the matter; that is obviously Dr. Garfield. Now if Dr. Garfield had utilized methods which other men in the state of Washington were utilizing to get doctors to replace the younger men, he probably could have gotten them.

MR. KAISER: *I would like to make this point, and you will be glad to know this for your information, that in the Portland area we do have or did have that problem, but the doctors as a whole took hold of the problem themselves, organized all the hospitals and did render this service. We did nothing there, but that was not done in the other cities. Now what would you have where it was not done?* DR. FISHBEIN: What did Dr. Garfield do? Did he go beyond those people to any agency? As far as I know he has not taken the matter up directly with the national Procurement and Assignment office. Obviously if he had they are in a position to look into the picture. But I do not believe, personally, that they would be warranted in marking his young men "essential."

DR. GARFIELD: *We organized our medical service at Richmond before there was a Procurement and Assignment Service in the first place, and we chose people who we thought were ineligible for the Army as much as possible.* DR. FISHBEIN: But the Army thought differently?

DR. GARFIELD: *No, I beg your pardon, the Army now is reclassifying them.* DR. FISHBEIN: I mean the Army might think differently because they thought differently on a lot of things. The standards for the Army have changed greatly since December 7. We didn't take in men, before December 7, who had less than twelve teeth, so we had a 35 per cent rejection on account of teeth. Now we have got a 3 per cent rejection on account of teeth.

DR. GARFIELD: *We took men from all over the country, we got the best men we could. Now Procurement and Assignment says "You send all your men back to the Army and see if they want them," and that would break up our medical organization. There is one other thing. We had a shortage of beds in the area. Do you want us to go to the government and ask them for funds to build those hospitals?* DR. FISHBEIN: You have to ask them for materials, whether you ask them for funds or not.

MR. KAISER: *No, they don't give you the materials.*

DR. FISHBEIN: How do you get them?

MR. KAISER: *Priorities.*

DR. FISHBEIN: Do you know what the priority rating on hospitals is?

MR. KAISER: *It is A-1 when it comes to shipbuilding, because that is the only way you can get the doctors you are talking about, over there, by giving them a ship to go over in. I want you to get that clear.*

DR. FISHBEIN: I happen to know what Dr. Parran testified about concerning the building of hospitals. Now I know, and everybody knows, that in the new areas of industrial employment—

MR. KAISER (*interposing*): *You are getting away from my ship.*

DR. FISHBEIN: No, I am not. In new industrial areas such as those with which you are concerned, because obviously you didn't have all those people there before we got into the war, there are a total of about 5,000,000 people in the United States who have moved for an industrial job as the result of the war. Wherever they have gone we need hospitals, we need one at Valparaiso, Florida; we need them out in Richmond, probably; and we need them in Vancouver—but it is impossible to build a hospital using private funds or government funds now without obtaining a release on essential materials.

MR. KAISER: *We are doing it today, increasing our facilities.*

DR. FISHBEIN: I would say, Mr. Kaiser, that you are a very strong man and you get many things done that other men who are not quite so active do not get done.

MR. KAISER: *That is a beautiful out! But again how can we get the young man over to do the fighting unless he has something to sail in!*

DR. FISHBEIN: And how can you get him to sail unless you have a doctor with him?

MR. KAISER: *He therefore needs transportation and his health, and the health of the men that are building this transportation becomes fully as important as the men we send over.*

DR. FISHBEIN: Well, that is slightly debatable: whether or not a sailor or a marine who is fighting is more important than a shipbuilder, but I don't want to debate that.

MR. KAISER: *Please, I asked you a question and don't give the answer from me, I ask you to give it for yourself. Is it important to have transportation?* DR. FISHBEIN: It is of the utmost importance.

MR. KAISER: *And is it equally important to have the men there to build the transportation?* DR. FISHBEIN: It is important.

MR. KAISER: *Is it equally important?* DR. FISHBEIN: Equally important?

MR. KAISER: *Now the next question is: In that particular area where we didn't have that service, wouldn't you have created it?* DR. FISHBEIN: If I were there I would have had it.

MR. KAISER: *I really think you would do a remarkable work if you would immediately get busy, where it isn't being done today, and see that they are taken care of; and rather than defending it, correct it.* DR. FISHBEIN: Pardon me, I am not defending anything. I am trying to show you that your statements have been made, and also those of Dr. Garfield, without a knowledge of what has already been done and is being done. You are concerned only with your little problem.

MR. KAISER: *But it is only a model of them all, and I am now suggesting that you be concerned with them all and get this done.* DR. FISHBEIN: Suppose I told you that already we have reports from sixteen states in which there was said to be a shortage of doctors in certain areas that in ten of those states the shortages have been corrected. At Mobile, Alabama, the shortage has been corrected by furnishing doctors to meet the shortage.

Somebody has to make the decisions as to whether or not a young man under 37 years of age, in industry, who is a physician, is more important to that industry or more important to the armed forces. That decision cannot be made by the man who employs that young doctor in the industry. That decision must be made by an agency which is able to look at the matter in a completely unbiased way.

SENATOR PEPPER: *Would that agency be the armed service?* DR. FISHBEIN: No, by no means.

SENATOR PEPPER: *Aren't they the ones now making it?* DR. FISHBEIN: No, sir. The President's directive to the Procurement and Assignment Service and to the Office of Defense, Health and Welfare, which was Mr. McNutt's office at the time because that was before there was a War Manpower Commission, the President's directive to them said that they should have the consideration of an overall distribution of doctors to meet the needs of the armed forces, of industry and of the civilian population. And simultaneously with that there went an order to the Army Medical Department, the Navy Medical De-

partment, the United States Public Health Service and all other agencies employing physicians telling them that this agency had been established by order of the President for that job, and that they would submit their requirements to the Procurement and Assignment Service, which would aid them in meeting their needs.

SENATOR PEPPER: You indicate, then, that the President intended that the Procurement and Assignment Service should act as the overall agency for the selection of medical personnel, but you don't mean to say that they have performed that function, do you? DR. FISHBEIN: They have performed it within the law as it now stands, which puts the burden of ultimate decision regarding any man's service, when that man is under 45, on the local draft board.

SENATOR PEPPER: Well, then, the matter has not been decided by the Procurement and Assignment Service under the War Manpower Commission, it has been decided by the local service boards? DR. FISHBEIN: The local draft boards. All matters of essentiality and the ultimate decision of forcing a young doctor into the Army have rested with the local draft boards.

SENATOR PEPPER: So the President's directive has not been carried out, it has not been effective? DR. FISHBEIN: It has been more effective in relationship to medicine than any similar effort in relationship to anything else.

SENATOR PEPPER: Well, in spite of that fact you have some states where more than 200 per cent of the quotas of the doctors have been taken in, and in a state like South Carolina you have 170 per cent and in a state like Alabama 190 per cent who allowed that to happen? DR. FISHBEIN: Well, it is still a free country—that is what permitted it to happen. The fact is that a man under 45 is under the control of the Selective Service board; a man over 45 is not under anybody's control in the United States.

SENATOR PEPPER: (interposing): They were allowed to volunteer, then? DR. FISHBEIN: Yes.

SENATOR PEPPER: Was that decided by the Procurement and Assignment Service or by the armed forces accepting them? DR. FISHBEIN: The armed forces obviously accepted them. But keep in mind your dates again! Keep in mind that the directive for the Procurement and Assignment Service did not begin until the end of October, 1941.

SENATOR PEPPER: How many doctors had been taken in by that time? DR. FISHBEIN: I will have to submit these individual figures to you; they are all here on the tables, and I will answer all your questions when I get the record.

SENATOR PEPPER: Roughly how many had been taken in? DR. FISHBEIN: Into the Army and Navy by October 1, 1941?

SENATOR PEPPER: Yes. DR. FISHBEIN: I would say roughly between 15,000 and 20,000, and 20,000 more came in between January, 1942 and September, 1942.

SENATOR PEPPER: So that the shortage that the civilian population now experiences is due to the number that have gone in since that time, substantially? DR. FISHBEIN: Very likely.

SENATOR PEPPER: And now the question is as to whether we are going to allow that hit and miss system to continue to operate, or whether the President's directive is going to be made effective and some overall agency shall determine the needs of the Army and the needs of the civilian population? DR. FISHBEIN: I would say that it operates effectively except for the unpredictable actions in certain areas of local draft boards. It operates effectively now; it didn't operate effectively before.

SENATOR PEPPER: You mean that it operates effectively only to the degree that the local draft boards and the armed services allow it to operate? DR. FISHBEIN: The armed services are giving complete cooperation—

SENATOR PEPPER (interposing): They are not giving complete cooperation if the draft boards which represent the Army are doing something that is not a part of a comprehensive plan for the whole country. DR. FISHBEIN: I would say that to the extent—

SENATOR PEPPER (interposing): The truth of the matter is that we haven't had a plan so far; the President may have intended to set up one when he created the Procurement and Assignment Service, but to a few days ago, at least, there hasn't been a national plan for the Procurement and Distribution of doctors to assure public health to the civilian population? DR. FISHBEIN: I don't think such a statement could be made with all the facts before you.

SENATOR PEPPER: Where has it been operating, then? DR. FISHBEIN: Suppose we had done what we did in World War I—

SENATOR PEPPER (interposing): I am not asking you

to suppose. Where has there been an overall authority that has been looking at this picture as a whole? DR. FISHBEIN: You mean an authority to pick up doctors and move them around?

SENATOR PEPPER: To say what doctors shall come in and what doctors shall stay out. DR. FISHBEIN: The recommendation has been made in innumerable instances that certain doctors stay out, and the vast majority of Selective Service boards have respected those recommendations.

SENATOR PEPPER: But they were pure recommendations and didn't have any authority? DR. FISHBEIN: Only recommendations.

SENATOR PEPPER: Now, Doctor, to get back to this group health insurance. You heard the testimony of Dr. Garfield that the head of Procurement and Assignment in the state of Washington raised objection to their medical facilities being extended to the members of the families of their employees. Are you prepared to state from personal knowledge that that is not the fact? DR. FISHBEIN: No, sir; I would like to look it up, though.

SENATOR PEPPER: All right, you have that privilege I am sure.

DR. GARFIELD: Incidentally that is not only on the prepayment plan, but they wouldn't let us take care of them as private patients.

DR. FISHBEIN: I would like to ask you who stopped you, Doctor, from taking care of anybody? Did you try to take care of civilians and have them stop you?

DR. GARFIELD: We were afraid to because they said— DR. FISHBEIN (interposing): Oh, now, Mr. Kaiser wouldn't be afraid.

DR. GARFIELD: They stated that if we were to do that they would declare our doctors nonessential; they were cooperative up to that point.

DR. FISHBEIN: Did you read that part where they said they would declare your doctors nonessential? DR. GARFIELD: No.

DR. FISHBEIN: You haven't that in writing? DR. GARFIELD: No.

SENATOR PEPPER: Doctor, let me ask you this. The man who is reputed to have made that statement was head of the Procurement and Assignment for the state of Washington? DR. GARFIELD: Yes, sir.

SENATOR PEPPER: He had the power to make recommendations as to who was essential and who was non-essential as a doctor, did he not? DR. GARFIELD: Yes, sir.

SENATOR PEPPER: And that was the only governmental agency there was to make such recommendations, was it not? DR. GARFIELD: Yes, sir.

SENATOR PEPPER: And you assumed that if the doctors had violated the restraint that he had imposed, he would have had the power to have recommended that they be regarded as nonessential? DR. GARFIELD: Yes, sir.

SENATOR PEPPER: And that that recommendation would have been observed by the War Manpower authorities and by the Army Recruiting Service, emanating from Washington? DR. GARFIELD: Yes, sir.

DR. FISHBEIN: I would say that no man has that authority; that he has never been given any such authority by any agency that I know anything about.

SENATOR PEPPER: You mean that the Procurement and Assignment representatives in the States do not recommend as to whether a man is essential or nonessential? DR. FISHBEIN: They have no authority to say to any man: Unless you do thus and so I will make you essential.

SENATOR PEPPER: Do they have the authority to recommend to the Selective authorities those who are essential and those who are not essential? DR. FISHBEIN: They recommend—

SENATOR PEPPER (interposing): They do have that authority? DR. FISHBEIN: They recommend under an established policy of the national Procurement and Assignment Service.

SENATOR PEPPER: But they do have the power to go into a community and say "That man is nonessential" and "That man is essential" and to make that recommendation to the Selective Service authorities? DR. FISHBEIN: They have that authority.

SENATOR PEPPER: Now if that official chose to give furtherance to a policy of the American Medical Association against the particular kind of group health, and if he was, in furtherance of that desire, to designate a certain doctor as being nonessential, in all probability you say that the local draft board would take that man into the service if he was within the eligible age limit? DR. FISHBEIN: I will have to come back first to the statement that the American Medical Association has such a policy—they have no such policy.

SENATOR PEPPER: I am not asking you that. I ask if

that Procurement and Assignment official were to make that recommendation to the Selective Service authorities that a particular doctor was nonessential, would the Selective Service authorities not in all probability take that man into the service? DR. FISHBAIN: That is correct.

SENATOR PEPPER: Do you think it is wholesome public policy for the government to have as its representative in the selection of medical personnel a man who is in a position, at least, to further private interests by what he does? DR. FISHBAIN: Well, that would involve, if a different policy was adopted, the destruction of the entire Selective Service system.

SENATOR PEPPER: Would it be the Selective Service system or the system of the American Medical Association that would be disrupted? DR. FISHBAIN: The American Medical Association has no system in relationship to these matters.

SENATOR PEPPER: No. I am asking you would it not be appropriate for decisions of that character to be made by some official who has no personal or professional interest in the matter? DR. FISHBAIN: The decision now rests with the Selective Service, which determines whether or not the man is or is not essential.

SENATOR PEPPER: But the Selective Service, as you have said, in the selection of medical personnel relies on the recommendations of the Procurement and Assignment Service? DR. FISHBAIN: I would say that in many instances they consider that that is authoritative, reliable evidence.

SENATOR PEPPER: If they do—and you put into that place a representative of the American Medical Association—that man has the power, at least, by his action, to further a personal and professional interest, does he not? DR. FISHBAIN: I would say that wherever you put a dishonest man or one who does not deal justly, you have trouble.

SENATOR PEPPER: But, generally speaking, you try to disassociate a public official's functioning with his personal interest, do you not, or from his personal interest? DR. FISHBAIN: I venture to say that practically every representative physician, whether or not a member of the American Medical Association, who today is charged with the duty of declaring that some men are essential and others are not essential, is carrying that out in a more high-minded and idealistic way than it possibly could be carried out by any other official.

MR. KAISER: Senator Pepper, I think that the Doctor would be glad to know this: This is a conversation between Dr. Cutting and Dr. Fletcher, who is chairman of the State Procurement and Assignment Board of the state of California, and I will read just a portion:

Dr. Fletcher said that, as for the program [speaking of our program] as a whole, it was not his place or jurisdiction to question the ethical end of it although he was against corporation medicine of which this is a type [this is right along the lines of your thought]. He thought that the California Physicians' Service and medical profession themselves should take care of it. If this group (which is our group) went into the coverage of the new housing projects going on in Richmond, he would be very much opposed to it.

DR. FISHBAIN: He has a right to be opposed to it.

MR. KAISER: Now you maintain that he is not human and being opposed to it would therefore, even though he is not human, and being seriously opposed to it—we have frankly felt very much his attitude of opposition. I don't declare him dishonest, but he is not in favor of it and still he governs, through his recommendations, the men that we can or cannot have, and Dr. Garfield feels that he is doing him a great harm.

DR. FISHBAIN: I will say again, and say it as simply as possible, that an attempt has been made, as nearly as I can judge it, from observing what has been done, an attempt has been made to administer this recommendation of who is or who is not essential in a certain area, with strict regard for the functions that the physicians were carrying out I could give you innumerable cases. It is without regard to any question of competition in practice, distribution of practice, among the people who remain, or any such matter.

But the policies of the Procurement and Assignment Service on a national scale have held that inasmuch as this is a war in which primarily the services of younger men are needed with troops in the field, that young men under 37 years of age who take full time positions in industry, in teaching, in research, with medical organizations or in any other way, and because they are holding such a position avoid being called into active service with the troops, that those young men must be subject to some higher agency than the industry itself. They have adopted a policy. When you could show that a

young man—as in the case of Dr. Garfield, who is himself a young man—when you can show that a young man is your key man, that is all very well. But when you have a doctor under 37 years of age and you hold him because he is a specialist in nose and throat diseases, or you hold him because he is a specialist in urology, or you hold him because he is a specialist in obstetrics and a part of your organization, then obviously this higher agency which is looking toward the fact that we must win this war as our prime effort, and that we have to have young men to win the war, simply has to decide on a different level . . .

DR. LAMB (interposing): There are already 40,000 doctors in the armed forces. If we maintain the present ratio, and there is to be a seven and a half million army we will have over 70,000 doctors in the armed forces, and if we have a 10,000,000 man army we shall have over 100,000 doctors in the armed forces. What would you say the proper ratio of doctors to the population, which was the absolute minimum, and how much further can we go in that direction? . . .

DR. FISHBAIN: I would say that it is within the authority of the Army to change its ratios any time they find it is necessary or desirable.

DR. LAMB: Would you have any opinion with respect to desirable ratios?

DR. FISHBAIN: I would not have the impudence to say that. I would say to the Army, "The situation in civilian life is becoming critical and will you, if it is at all possible, economize on your use of doctors so as to leave the utmost possible for the civilian population?"

DR. LAMB: How recently have you said that to the Army?

DR. FISHBAIN: I must have said that in personal conversations or in writing many times.

DR. LAMB: What was the first date at which you said that?

DR. FISHBAIN: Well, I think the first date at which I said it was in 1940, in June, when we had a joint meeting with representatives of the Army and Navy and the United States Public Health Service, at which time we pointed out that we had just so many doctors and that sooner or later we would have to have definite quotas for each group to be served, the armed forces and the civilian population. . . .

DR. LAMB: How would you revise them immediately? DR. FISHBAIN: Already, wherever a shortage of physicians has been made clearly apparent—and we are conducting, incidentally, innumerable surveys, I have here the survey of the Public Health Service, of the Bureau of Economics, of the Procurement and Assignment Service, surveying all these areas—

DR. LAMB (interposing): But your decisions with respect to these surveys have been made on the previous assumption that the ratio of 1 to 1,500 for the United States as a whole can be applied in some fashion to these areas of shortage? DR. FISHBAIN: I believe, if you had asked Dr. Lahey that, he would have told you that that was certainly not the concept. Just yesterday the Committee on Allocations of the Procurement and Assignment Service determined that in any area where such a decision had to be made where there was a large city, and then a big rural area where you might get to 1 to 7,000, that obviously you would have to correct all your figures on that area on the basis that the large city was sucking in all the doctors and that special arrangements had to be made to meet those rural situations.

There is a physician in North Dakota who serves a rural area. He serves a radius of over 200 miles from his office. The only way he can serve that, obviously, is by motor car. If you today took that away, he couldn't serve any of the area except what was right next to him. The only way he can serve that area by motor car is to travel as rapidly as he can possibly travel, and to have snow-tires in winter, and to have enough gasoline to permit him to move. Unless you grant that doctor extra snow-tires in addition to the five tires that he is allowed, and unless you grant him enough gasoline to cover his area, you decrease his capacity by 90 per cent.

DR. LAMB: Yes, Doctor.

DR. FISHBAIN: Now there are federal agencies which have already forbidden him to have snow-tires; they said, "If you get two snow-tires you will have to give up two of your other tires." . . .

SENATOR PEPPER: It is interesting that you, in your capacity as a paid representative of the American Medical Association, would exhibit the initiative that you—DR. FISHBAIN (interposing): I have always exhibited the utmost initiative of which I am capable in matters affecting the public health.

SENATOR PEPPER: I think the poor condition of public

health in the United States probably proves you are correct in what you have said. DR. FISHBEIN: Now the next step, Senator Pepper, concerns a doctor who is a pediatrician in a small town in Illinois. He draws his pediatric practice from an area in that neighborhood of a little over a hundred miles. The farm women bring in their babies to this pediatrician. As far as I know, no method has been provided for permitting farm women to bring their babies in to where the doctor is. In other words, they also must exceed their total ration of gasoline in order to bring the baby to the doctor.

DR. WEBER: Are pediatricians being taken into the Army? DR. FISHBEIN: All classes of doctors are being taken into the Army. . . .

MR. KAISER: The Doctor has intimated that he would emulate my technique in getting results by threatening publicity. I think that brings home a very important question, because if he really believes in that policy, possibly the medical profession or medical society must likewise believe in it, and that justifies the position that we have been holding. My feeling is that any one who, by threatening publicity, accomplishes anything both should be removed from the service of their country. I likewise feel that way both about myself and the medical association, if that is the policy they follow.

DR. FISHBEIN: If we assume that the people of this country are the ones who run the country, the people must know. And the only way to get action is to let the people know. If you have an area in which there is a shortage of doctors and you want doctors, you have a right to let the people know that you are short of doctors. And then if you attempt various strong arm methods to accomplish things that are outside the law, and any newspaper finds that out, they have a right to let the public know.

SENATOR PEPPER: If the American Medical Association finds a deficiency in doctors in the country, are you going to give publicity to that deficiency and use the full glare of the spotlight of publicity to remedy that condition? DR. FISHBEIN: We are doing that all the time.

SENATOR PEPPER: And if you should find that group insurance of a legitimate character would be a method of using more efficiently the medical talent and personnel of the country, are you going to use that same publicity to achieve that purpose? DR. FISHBEIN: We not only have used the publicity but we have adopted the policy. There are thirteen state medical societies that have set up such plans, there are over three hundred counties that have set up prepayment plans for supplying medical service. We probably have failed in our publicity in not letting enough people know that the medical profession is itself working out these plans.

SENATOR PEPPER: If you find instances in which members of the Procurement and Assignment staffs have used their public position and power to serve private end, are you going to give the spotlight of publicity to that? DR. FISHBEIN: I would be the first to recommend removal. If it came to my personal knowledge that any doctor endeavored to coerce Dr. Garfield by saying to him, "You will either do this or you will be marked essential for military service." I would be the first to recommend that that man be removed from the position.

SENATOR PEPPER: And if you found that there was an appreciable danger that that position was being abused to serve private ends, then you would recommend the reexamination of the policy of using such personnel in a government position? DR. FISHBEIN: If I found that any system was capable of coercion in what is presumed to be a democracy, I would recommend a change in the system, because I have always been a believer in democracy.

SENATOR PEPPER: Do you regard the American Medical Association as a perfect example of democracy in its functions? DR. FISHBEIN: I would say that it is organized like the United States government, and it comes as near to functioning like a democracy as the government comes to functioning as a democracy.

SENATOR PEPPER: Thank you very much, Doctor.

NOTE. FOR NEWSPAPER REFERENCES TO THE "PEPPER HEARING," SEE "MILITARY CLIPPINGS," WHICH FOLLOW.

What Can War Manpower Commission Do?

Here are some questions and answers in connection with Paul V. McNutt's new powers as chairman of the War Manpower Commission:

Q. What is the WMC's overall function?

A. In the language of President Roosevelt's execu-

tive order of Saturday, "to promote the most effective mobilization and utilization of the national manpower and to eliminate so far as possible waste of manpower due to disruptive recruitment and undue migration of workers."

Q. Over what does WMC now have supreme authority?

A. Over all matters pertaining to procurement of manpower, military and civilian.

Q. Through what agencies will WMC exercise its new powers?

A. Chiefly through the Selective Service system and U. S. Employment Service, both of which WMC now operates.

Q. What persons are affected by the new grant of powers?

A. Everybody, man or woman. McNutt said he considered the entire population "a national pool" from which military, industrial and agricultural manpower needs will be filled. His guiding principle will be "to enable each man and woman to use his or her best abilities and skills where they will contribute most to the war effort."

Q. How will the new set-up affect procurement of men for the armed services?

A. Henceforth all services will obtain the bulk of their new manpower through Selective Service. Voluntary enlistments are terminated for men 18 to 38. The Navy may continue to recruit 17-year-olds and men 38 to 50. The Army does not accept men under 18 and, under a recent War Department ruling, will not take men 38 or older unless they are urgently needed because they possess certain special skills.

Q. How will the new induction rules affect applicants for commissions?

A. The Navy will continue to accept applications from men in the 18-38 category. It will not, however, continue to enlist officer candidates and permit them to continue in college. The War Department is still working out details of its new induction policies. The 38-year-old rule, however, will not affect volunteer officer candidates who have been accepted but not yet called. Such men will be inducted when the Army is ready for them, as in the past.

Q. Why are voluntary enlistments terminated?

A. Enlistments, McNutt said, have resulted "in the withdrawal of so many skilled workers as to threaten production of vital war materials." His aim is to allocate manpower between industry and the armed services "in an orderly process."

Q. Why has the War Department decided to discontinue accepting men 38 or older?

A. The Army found that men above that age, although passed by medical examiners as physically fit, cannot stand up under the rigors of army life.

Q. How will individual registrants be affected by the new orders?

A. The SSS and USES will review records of registrants to determine how their abilities may be most effectively used.

Announcing the Closing of the Medical Officer Recruiting Board

(COPY)

HQRS. MEDICAL OFFICER RECRUITING BOARD

Northern California, 450 Sutter St.

San Francisco, California.

No applications for commission can be accepted by this Board after December 15, 1942. Doctors who have not applied may do so up to and including that date.

All applications already made and now in process should be completed by December 15, 1942. This will be accomplished if requests from this Board to Doctors concerned receive prompt attention.

This Board, in closing, wishes to express its appreciation to the Medical and Dental professions for their cooperation.

(Signed) H. SCHWARTZMAN,
Major, Medical Corps,
President of the Board.

British Experience in Civil Defense

(COPY)

OFFICE OF CIVILIAN DEFENSE

Washington, D. C.

(Circular: Medical Series No. 20)

To: Regional Directors and Regional Medical Officers.

From: DR. GEORGE BAEHR, Chief Medical Officer.

SUBJECT: Lessons From British Experience in Civil Defense.

Special Distribution Instructions: To State and Local Councils.

Three years of British experience with air raids have significantly modified earlier concepts regarding the field casualty services. The following observations made on a recent inspection of emergency medical facilities in England and Scotland are forwarded for your information and for transmission through State Chiefs to local Chiefs of Emergency Medical Services.

1. *Heavy raids occur invariably at night*; heavier high-explosive bombs and land mines are now being employed, up to 2,000 kg., with much greater destructive effects. Incendiary bombs are used in much larger numbers, and fire is now the most serious hazard. Daylight raids are usually hit-and-run affairs in which solitary planes participate.

2. *In large cities* the field casualty services may handle 2,500 to 3,500 casualties during a night raid. All serious casualties are moved directly to hospitals, never to first-aid posts. Heavy raids are apt to be repeated on subsequent nights when the protective forces are exhausted.

3. *A large fleet of four-stretcher ambulances is essential for life saving.* Fourteen thousand ambulances were made in England and Scotland by purchasing used cars, stripping them, and then mounting a simple ambulance body on the chassis. London uses over 1,500 of such ambulances and 550 sitting-case cars. The use of tradesmen's trucks proved universally unsatisfactory; 3 out of 4 never arrived on the scene, and lives were lost due to the delay and confusion. Because of the large number of casualties to be transported in a few hours, no ambulances which carry less than 4 stretchers are employed. For the simultaneous evacuation of damaged hospitals, a fleet of 200 converted busses carrying 10 stretcher cases and 6 to 10 sitting cases are immediately available, and another 200 are obtainable within 2 hours.

4. *Casualty stations (British fixed first-aid posts) are necessary* at or near all hospitals and at places more than a mile from hospitals to care for minor casualties which do not require hospitalization. Many are now on a care-and-maintenance basis and are activated only during a raid. When functioning, the staff usually consists of one or two doctors, several nurses, and a variable number of aides and auxiliaries.

5. *In large cities casualty stations need not be more numerous than 1 per 25,000 inhabitants*; they should be located about a mile apart. There are less than 300 in the London area, with a population of about 10,000,000 and a land area more than twice that of Greater New

York. In smaller, thinly settled communities, they are more numerous in relation to population, but the distances between them are proportionately greater than in metropolitan cities. Many of the minor casualties are moved to first-aid posts in sitting-case cars; some walk.

6. *First-aid parties (our stretcher teams) are not necessary*, are a waste of manpower, and are rapidly being eliminated. First aid at incidents is essentially a function of the rescue parties (our rescue teams), which extricate the casualties from under the debris of demolished buildings. All first-aid parties in England and Scotland are, therefore, being merged into the rescue parties. They include a leader, an assistant leader, and eight other members, and are entirely independent of the fire department. They are a life-saving service related to the medical services concerned in field casualty work.

7. *The experiences of Britain under air-raid conditions* have dispelled many preconceived notions concerning first aid. Almost all raids occur at night; the victims are crushed under the debris of demolished buildings and are either dead or severely injured; less than a third are slightly injured and can be cared for at casualty stations; all the severely injured must go to a hospital; victims are invariably covered with dust and dirt which hangs in the air for hours. The conditions under which the rescue workers encounter the injured beneath the structural debris, the darkness and the dust which always fill the air, the large proportion of dead and severely injured, and the urgent need for immediate hospitalization make it impossible to apply most peacetime concepts of first aid.

8. *Wounds are usually grossly contaminated* and need only be covered with a shell dressing until the casualty reaches the hospital. Hemorrhage is usually controllable with a pressure dressing. The tourniquet is rarely employed. Burns are covered only with sterile gauze until the casualty arrives at the hospital. Tannic-acid jelly as a first-aid dressing for burns has been discarded because of the dirt which invariably contaminates the burned surface, because the jelly deteriorates rapidly, and, lastly, because tannic acid ignites in the presence of phosphorus when applied to burns caused by the explosion of phosphorus-oil bombs.

9. *Traction splints are not used.* An exception is made if the casualty must be transported a long distance over country roads. Unlike Army field experience in the last war, the few miles of travel to a hospital over the paved roads of a city do not warrant the application of traction, especially as the darkness and the conditions of an air raid also make hurried application of the procedure difficult or impossible. All that can be done is to place the fractured extremity gently in alignment, bind it with triangular bandages to the uninjured leg or to an improvised splint, or apply a Thomas splint if one is on hand. Movement of the fragments can also be minimized by snug application of the blankets according to the Wanstead technique of blanketing and by the use of sand bags which should always be carried in the ambulance.

10. *Shock is treated at the incident* by prompt administration of adequate doses of morphine (up to ½ grain for adults), coramine, proper blanketing, administration of fluids, and the use of hot-water bottles during transportation to the hospital. The use of plasma or blood transfusion is deferred until arrival at the hospital: it is ordinarily quite impossible in the darkness, dirt, and confusion at the incident.

11. *The presence of a physician at the incident is invaluable*, but more than one is unnecessary. In fact, one physician may cover several nearby incidents, leaving his nurse or one of the nursing auxiliaries of his emergency team at the incident while he moves temporarily from one to another in the immediate neighborhood.

12. *Even though a single night's casualties requiring hospitalization may total one or two thousand, large hospitals rarely receive more than 50 to 100, the load being distributed as evenly as possible throughout the city.*

13. *A large casualty receiving hospital is often related to one or more peripheral hospitals in the suburbs or in a country district. There are now four base hospital beds for each casualty bed in the cities.*

14. *Upon receipt at a local report and control center of a message from an air-raid warden that an incident and casualties have occurred, an "express party" is immediately dispatched to the scene. An "express party" includes one rescue-first aid party, one ambulance, one sitting-case car, and one mobile medical unit (our mobile medical team). The latter consists of one physician, one nurse, and two auxiliaries. No other equipment and personnel of the emergency medical service is dispatched unless additional assistance is requested by the incident officer (usually a higher police official) or by the incident physician on the scene. In this manner useless movement is avoided and equipment and personnel of the community is carefully conserved.*

Tales of Heroism

Medical Officer Tells of Men Under Fire

The cruiser San Francisco's medical men returned here yesterday to add their tales of heroism—of heroism under the combined hells of shellfire and pain, of sacrifice, and inspired duty.

"One Negro mess attendant," revealed Lieutenant Commander Edward S. Lowe, medical officer, "was standing in an exposed position during the battle.

"He deliberately got in the line of fire to protect a hospital corpsman taking care of a patient. He was killed."

The mess attendant was awarded the Navy Cross posthumously.

Commander Lowe, of Costa Mesa, California, himself awarded the Navy Cross for heroism under fire, declined to describe the reasons for his own award.

"Let me tell you about one of my corpsmen," he said. "He was shot in the leg and put out of action—but he cared for patients at his own request, in spite of his wounds.

"Another man, shot in the hand, took care of the wounded until he collapsed 36 hours later from exhaustion and his infected wounds."

Practically every dressing station was sprayed with Japanese metal during the battle of the Solomons, he declared.

"The fortitude of the wounded men brought to battle stations was wonderful. The morale was far above anything I ever expected."

Other officers and enlisted men praised Commander Lowe for his own personal gallantry and apparent fearlessness during the night of battle.

"If it hadn't been for the doc," one seaman declared, "there are a lot of us here today who otherwise would have been buried down there. Boy! he sure worked miracles by the carload!"

The Commander declared many of the wounded men survived as a result of the literally wholesale use of blood plasma and sulfa drugs for battle shock, burns and infections.—San Francisco *Chronicle*, December 12.

4 Million Men Facing Draft Call in 1943

'Teen Age Induction Starts in January; Dependency Group Up in Few Months

Washington, Dec. 12—(INS.)—The War Manpower Commission announced tonight that a minimum of 350,000

men a month would be called into the armed services in 1943, and that married men would be inducted generally "before many months."

In a series of questions and answers on the draft, the Commission said that men with collateral dependents only, such as father, mother, etc., would be called first when it becomes necessary to tap the dependency groups.

Thereafter, men will be called from the dependency groups in the following order:

1—Married men with dependent wives only.

2—Married men with wife and children, or children only.

However, men not in essential industries or essential agriculture with dependents will be called ahead of men in essential industries with dependents. . . .

The commission said that the actual number of men to be called was a military secret, but that official estimates indicate a minimum of 4,200,000 in 1943, or 350,000 per month. These figures do not take into account replacements, the commission explained, so that the actual figure presumably will be higher.

This country probably will not, while the war lasts, reach a saturation point where it will need few additional soldiers, the commission said, since replacements will be required as long as the Nation is at war.

900,000 in 'Teens

Induction of 18 and 19 year olds will start in January, the agency pointed out. These boys will be called in the order of their age, beginning first with those who are nearly 20 years of age, and working down.

The number of 18 and 19 year olds available for early calls ranges from 600,000 to 900,000. They will not entirely fill the quotas for the early months of 1943.

Experience has shown, the commission said, that there are seventeen or more different classifications of married men for draft purposes, and local boards will use "their best judgment" in determining the precise order of their induction.

The commission pointed out, however, that the calling of married men with dependent children requires specific authorization by Maj. Gen. Lewis B. Hershey, director of selective service. No such order has been issued as yet.

New Class; 4-H

Although men may express a preference for the Army, Navy, etc., they will be assigned according to the needs of the various services and on the basis of individual skill and experience.

Men between the ages of 38 and 45, no longer to be inducted as a result of lowering the age limit to 38, will be placed in a new classification—4-H. They could be available for armed service if the President should rescind his order.

No effort will be made to force them into essential industries, but the commission hopes most of them will find jobs in war industries.

Local boards have been instructed to reclassify men with collateral dependents only, and married men without children, into Class 1-A, thus making them available for call.—San Francisco *Examiner*, December 13.

Military Clippings—Some news items of a military nature from the daily press follow:

Country Club in Alameda County Turned Into Navy Hospital

Heroes of Pacific Battles Aided to Recovery by Peaceful Life Among Hills of East Bay

The peacetime playland that was the Oak Knoll Country Club has become a wartime haven for the wounded of the South Pacific.

Sailors and marines, officers and men who have looked on the face of the enemy and felt the fury, loaf in the sun, now, where Sunday golfers used to curse the sand traps.

Sixty new buildings, sheltered in a fold of the eastbay hills where the country club's greens and fairways used to be, have been completed at the site since spring. Commissioned in July, the hospital, one of three Naval hospitals in the bay area, now houses between 800 and 900 patients. It will accommodate slightly more than 1,200 when completed. Other Naval hospitals are at Mare Island and Treasure Island.

Long Convalescence

Because only completely well men can take part in active duty, military hospitals accommodate their patients through long convalescent periods. Almost two-thirds of the Oak Knoll patients are able to be up and about by now—"and they enjoy the hills, the view, and watching the new lawns come up," their doctors explained.

For staff, the hospital has some fifty medical men, each a specialist, besides, Navy nurses and members of the Navy medical corps.

Heroic Surgeon

Matching the heroes of the present war—dozens of them in any direction, at Oak Knoll—is the medical officer in command, Capt. Frederick R. Hook, who was a young surgeon when he joined the Navy in April, 1917, and came home from Europe in 1919 with a Navy Cross, a Distinguished Service Cross, a Croix de Guerre, assorted citations, and the right to wear the Fourragere the French Government awarded to the Fifth United States Marines.

The hospital has elaborate equipment—operating rooms capable of taking care of a dozen or so cases in a morning; elaborate x-ray photographic and treatment units; a man-size fluoroscope; therapy equipment; light, airy wards with sunrooms; laboratories and a pharmacy, and mess halls for the patients who are almost well. The old clubhouse has become a recreation center, with a library, a soda fountain, a barber shop and the like.

Heroes Recovering

A few local casualties—men stationed in the Bay area who had arguments with motorcycles, or were hurt in other accidents, are under treatment at Oak Knoll. But most of the patients are already on the way to recovery, after preliminary treatment at advanced base hospitals, by the time they reach the East Bay institution.

In the last group are men like the highly indestructible Eugene Moore—the marine who didn't realize a mob of Japs had "killed" him at Guadalcanal—and Carl Greer, fireman, first class, aboard the Yorktown, who jumped seventy feet into the sea with a wounded comrade in his arms, and acquired two broken legs and a ruptured diaphragm.

Both Moore and Greer are getting well. They'll be out admiring the new lawns, pretty soon.—San Francisco Examiner, November 14.

* * *

Physician Allocation Not Urged by Health Service

Washington, Nov. 4—(UP.)—Surgeon-General Thomas Parran of the United States Public Health Service, says he is not in favor now of compulsory allocation of physicians.

Parran testified before a Senate education and labor subcommittee which is investigating methods to protect the health of the country by possible enactment of a national service act for the medical profession.

"I am not prepared at this time to recommend the allocation of doctors by a national service act," Parran said. "We may need to come to that on the medical front in order to alleviate the serious depletion of doctors in many areas, but I would not endorse any compulsory legislation affecting the medical profession at this time."

Heatedly disagreeing with Parran was Dr. Paul de Kruif, author of medical books written for laymen, who denounced "white-wash" methods of the American Medical Association and recommended federal supervision over allocation of all members of the medical profession.—Alameda Times-Star, November 4.

* * *

Army, Navy Get Doctor Quotas for Rest of 1942: A.M.A. Conference of State Association Secretaries and Editors

The Army and Navy have obtained all the medical men they have requisitioned up to January 1, Dr. Frank H. Lahey, chairman of the board of procurement and assignment service for physicians, dentists and veterinarians, said here today. But this, he indicated, was achieved with the aid of states which exceeded their quotas and made up for the shortages of Illinois and four other states.

Dr. Lahey made his report at the annual conference of secretaries and editors of state medical associations at the headquarters of the American Medical Association.

The other states that have not met their quotas, he said, were California, Connecticut, Massachusetts and New York. He explained that the plans for allocating doctors provide that there shall be one doctor for each 1,500 civilians.

No Additional Drawing

"There will not be any additional drawing for the armed services that have exceeded their quotas till the others have been brought up," said Dr. Lahey.

Dr. Lahey added for the encouragement of civilians that the ratio of one doctor to 1,500 civilians, which will be preserved as long as possible, is relatively generous by comparison with the ratio of other nations. In England the present ratio is one to 2,700 and in Germany, one to 12,000.

"In the United States before the war," he said, "in some cases, in congested cities, there was one doctor to 500 patients, and in some rural areas, as few as one to 2,500.

Divided Into Two Classes

"The medical population of America has been divided into the doctors essential in the civilian community and those available for the armed forces. Thus far 218 physicians have been relocated in 154 communities in 29 different states."

All needs have been met by the voluntary system, and Col. Fred W. Rankin, president of the American Medical Association and a reserve medical officer, expressed the hope that there would be no drafting of physicians for professional purposes "until all elements of the population are placed under draft regulations."

Rear Adm. Ross T. McIntire, surgeon general of the U. S. Navy, urged that planning begin now for low-cost medical care after the war, "when money will be scarce."—Chicago Daily News, November 20.

* * *

Manpower Problem

9,700,000 Men in the Services by End of 1943

Washington, Nov. 10—(AP.)—President Roosevelt, asserting that something must be done about the manpower situation in the next two or three weeks, disclosed today that the fighting forces will number about 9,700,000 men by the end of 1943.

Between now and that time, he said at a press conference, the Nation must find four or five million more men—the best young manhood—for the armed services. Simultaneously, he added, it must find men to take care of the food problem and industrial production, which is still short of its peak.

His statement came in response to a question whether he favored transferring the selective service system to the War Manpower Commission, as recommended by a management-labor policy committee of WMC. It was, he said, all part of the manpower question. He has been devoting a lot of time to that problem. There was no immediate emergency, but something must be done in two or three weeks.

As for the armed forces, there were now, he said, about 4,500,000 in the Army, which must be increased to about 7,500,000 by January 1, 1944. Meanwhile, the Navy's present 1,000,000 must grow to 1,500,000, and the Marine Corps and Coast Guard must be increased from 400,000 to 700,000.

Getting down to actual numbers for the combat forces, the President said tens of thousands of additional men were being added each month for the fighting forces and to hold bases already acquired.

Going along on an orderly basis, he said it was planned to keep this increase rising until a goal of about 7,500,000 is reached. Mr. Roosevelt said he hoped that would be enough but that at present the Government could not look beyond January 1, 1944.

In increasing the Army, the President said it must be made sure that the men are well equipped and have the necessary munitions.

This meant, he added, that large numbers of people must be had from civilian life to make those supplies and equipment to keep pace with the orderly increase in the Army.

The same held true for the Navy and other fighting services, he said.—San Francisco Chronicle, November 13.

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18-Year-Olds Register for Army Dec. 11-31

Washington, Nov. 18—(INS.)—President Roosevelt today ordered that all youths who have become 18 years of age since last June 30 register for military service during the three weeks from December 11 to December 31. It is officially estimated that there are 600,000 youths in this age bracket.

At the same time, the President in a proclamation

directed that during the rest of the war young men who were born after January 1, 1925, shall register for military service as soon as they reach their eighteenth birthday.

Three Registrations

Youths born during July and August will register during the week of December 11. Those born in September or October will register during the week beginning Friday, December 18. Those born in November or December will register in the week beginning Saturday, December 26.

U. S. Employees Liable

Selective service headquarters prepared to register the youths coincident with presidential orders cancelling draft deferments of government employees.

A "lot of men," not now in the draft because they are working at desks in crowded government offices in Washington and scores of other cities, faced induction into the army as the result of a White House directive.

The men—and it was estimated that there were enough to make up an entire division—saw induction near after President Roosevelt instructed the heads of all government agencies to cease asking military deferments for any of their employees.

New Draft Rules

At the same time, Maj.-Gen. Lewis B. Hershey, national draft director, instructed local boards to carry out the "teen-age" draft act by the following actions:

1. Deferment of farm workers, of all ages 18 to 45, who are necessary to and regularly engaged in work in war-essential agriculture.
2. Distribution of questionnaires to 18 and 19-year-old registrants, who will begin to be inducted as their order numbers are reached.
3. Deferment of high school students in the 18 and 19-year groups, if the students request it and if they are in the last half of the autumn-to-spring school years.
4. Deferment of all men who registered before age 45 who have passed their forty-fifth birthday since, unless they file their written consent to induction into the armed forces.

Two new classes, II-C and III-C, were announced for deferred farm workers. Those without dependent wives, children or other grounds for dependency deferment will go in II-C, those with dependency to III-C.

Month Before Induction

Selective service officials estimated that it would be at least a month before the first 18 and 19-year-olds are inducted. Questionnaires have to be mailed out, returned and classified. Ten days are allotted for returning the questionnaires.

Men who were 18 years old on last June 30 already are registered and will be inducted in the order of their birthdays. Another registration will be held in December for those who have reached the age of 18 since last June 30.

After January 1, selective service officials said, those who become 18 years old will register at local boards on their birthdays.

One spokesman estimated that there were 700,000 men available for the draft in the group who were 18 years old on last June 30, while approximately 1,000,000 men become 18 each year.—Wichita Kansas *Beacon*, November 19.

* * *

Manpower: We'll Have to Supply a 62 Million Fighting and Working Force by End of '43

America stands today in manpower problems where Germany stood five years ago, the Office of War Information reported yesterday, in announcing the United States faces a need of supplying a working and fighting force of 62,500,000 by December, 1943.

"Between June, 1940, and June, 1942, the number of persons in civilian employment and the armed forces increased from 48.1 millions to 57.1 millions," the statement said. "Of these, 5.8 millions came from the ranks of the unemployed, and most of the remainder represented the natural increase in the working force."

"To get an additional 5.4 million, the Nation must dip into its potential labor reserve of 31.9 millions—the 2,000,000 farm operators working submarginal land and producing only 3 per cent of the commercial farm crop, the 4.4 million nonfarm housewives under 45 with no children under 16, the 9.1 million nonfarm housewives over 45, and the 6.9 million students between the ages of 14 and 17."

"Germany exhausted such reserves years ago. Japan has been facing a critical labor shortage for two years. Japan drew her army from the agricultural areas and did not, therefore, disrupt her industrial functioning."

Japanese law permits children over 12 to work provided they have completed their compulsory education."

The statement said the problem facing the United States is to make a full utilization of local labor through training programs and advancement of minorities before calling upon outside labor and to prevent employers from luring workers from other and equally vital war jobs.—San Francisco *Chronicle*, November 9.

* * *

Medical Science Will Protect American Troops in Africa

Richmond, Va., Nov. 10—(AP.)—Medical science has a "third front" established in Africa to protect our fighting forces there against a foe as dangerous as the Axis—tropical disease—Dr. Joseph S. D'Antoni, vice-president of the American Society of Tropical Medicine, said today.

"The men will be well protected; every precaution known to medical science has been taken," declared the Tulane University doctor in an interview at the opening of a wartime meeting of the Southern Medical Association with which his society is convening jointly.

Doctors Trained

"Long before our African campaign started," he said, "our Government had studies made of possible health hazards there and in other countries where our troops might be engaged, and trained doctors and sanitary engineers are prepared to cope with the situation."

Asserting that malaria and two forms of dysentery were the most important tropical problems, he said, "if our offensive action in Africa takes our troops into malarious country, they will be provided with anti-malaria drugs. There is a shortage of quinine, but we have another, atabrine, which is prepared in New York."

"Again, with regard to the dysenteries which result from tainted drinking water, sanitary engineers are prepared to rule various water supply sources 'out of bounds.'"

Under Control

He said vaccines were also available as protection against certain other tropical diseases which he was not at liberty to list.

The British have tropical diseases under control in Libya, said the doctor, adding:

"We can go back still further. Private communications received in this country report that during Italy's campaign in Ethiopia there was not a single fatal case of malaria due to malaria prophylactic measures directed by Dr. Castellani, medical director of the Italian Army."

"That was the first colonial war in the history of the world where tropical disease didn't produce more deaths than actual combat. And since that time there has been an increase in our knowledge of tropical diseases."—Oakland *Tribune*, November 10.

* * *

Ships' Doctors Unsung Heroes of U. S. Fleet

Sea Surgeons Think Nothing of Performing Major Operation Aboard Bouncing Warship

Aboard a Cruiser With U. S. Fleet, Solomons Area—(Correspondence of the Associated Press).—"Come below and watch us do an appendectomy," said the young medical officer.

It was 8 p. m. on a peaceful, moonlit night in the Solomons waters. It was not a peaceful night, however, to a young sailor who tossed in a bunk below.

In the operating room, two surgeons, several pharmacists' mates, and this correspondent put on white gowns and masks.

Surely, steadily, the two surgeons went at their task. They bracked their feet, for there was a slight roll to the cruiser. We could hear the waves slap against the side of the ship.

Local Anesthetic

The sailor had wanted a local anesthetic and he got it. In the tropic heat, perspiration ran down the patient's face and down the faces of all of us standing around the operating table. One man was kept busy wiping faces with a cool rag.

This surgery at sea is routine to the doctors of the fleet—men who fight to save lives, not to take them. They think nothing of operations in a bounding warship.

It was found that the young sailor's appendix would have ruptured by morning. Now he is making fast recovery, and soon he will be ready for another crack at the Japs.

These fleet doctors—many of whom gave up lucrative practices to join the Navy—have saved hundreds of lives since war began. This cruiser has taken aboard many injured survivors.

3 Days Without Sleep

On one occasion, a doctor worked on injured men for

three days and three nights without sleep—and only occasional cups of coffee.

Many of the survivors were more dead than alive when they were brought aboard and placed on the decks, in the hangars and sick bay. Some were injured, mangled and burned so badly that tough old sailors turned their heads away to avoid the sight.

But not a man died on this cruiser. All recovered, and the great majority are out again with the fleet.

"They were the bravest, finest patients a man could ask for," this doctor said. "They were typical of our American sailors."

"As far as glory goes, I don't think a man could want more glory than to see those men get well and return to their guns—able to use their arms and legs and muscles again!"

Always on Call

A physician is the closest thing to a mother that the sailors have aboard a warship. He's on call twenty-four hours a day to administer treatment, give advice and listen to complaints.

Except for an occasional appendectomy and colds, there is little sickness aboard the average United States warship.

"Our job is not so much to treat them, as to keep them well and in fighting shape," said the physician.

"Altogether, they are the healthiest bunch of men I've ever seen. Although they live in a space more crowded than the worst tenement district, the excellent sanitation of the ship and the personal cleanliness of the men tend to keep them healthy. Then, of course, they live a rugged outdoor life and they get lots of exercise and a well balanced diet."

Come in Threes

It was midnight when we decided to "hit our sacks," as they speak in the Navy of going to bed.

Just then an orderly approached and announced that another sailor had come to the sick bay with a "stomach ache."

"Probably another appendix," the doctor said over his shoulder as he started away. "They always come in threes. See you in the morning."—*San Francisco Examiner*, November 13.

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Dr. Fishbein Defends A.M.A.

Washington, Nov. 6—(AP.)—Dr. Morris Fishbein, editor of the American Medical Association's Journal, challenged charges of A.M.A. selfishness in the drafting of doctors for the armed services before a senate committee today.

At times, Dr. Fishbein engaged in spirited debate with Henry J. Kaiser, the West Coast shipbuilder, as to the deferment of doctors for the care of industrial workers.

Referring to suggestions for compulsory assignment of doctors to areas of few physicians, Dr. Fishbein said he opposed "certain proposals to meet the needs that are close to totalitarianism."

He declared that doctors of the A.M.A. in charge of the government's procurement and assignment service for the armed forces have carried out their duties "in a more highminded way than they could be carried out by any other officials."

A.M.A. Has Similar Service

He asserted that the A.M.A. itself had worked out plans to prepaid medical care and that 13 state medical societies had set up plans for this form of health insurance. This was in answer to a statement by Dr. Sidney Garfield, Kaiser's medical director, that Washington State Medical Society officials had threatened, in effect, to draft his company doctors if they served the families of workers on a prepaid basis.

"Have you got that in writing?" Dr. Fishbein asked.

"They wouldn't dare put that in writing," Kaiser replied.

Dr. Garfield told of conditions in Vancouver in relating why the company medical program included families of workers.

Under the medical program, the doctor said each worker desiring to participate pays 50 cents a week to get company medical care.

"Orally," Dr. Garfield told a senate labor subcommittee, "we were told that 'If you take care of the families, we will declare that your doctors are nonessential.'"

Washington State Group Blamed

Dr. Garfield said this "threat" was made by the Washington state medical society's executive committee. Under questioning by Senator Pepper (D-Fla.), Dr. Garfield said the chairman of that committee also was state chairman of the government's service for the procurement and assignment of doctors for the armed forces.

Senator Pepper asked if "the same man who is supposed to represent the United States in the procurement of doctors for the army and navy" is taking "advantage of his position as a public official to promote the private interests of the medical association."

"That's it," Dr. Garfield said.

"So that public policy emanates primarily from a private source," Senator Pepper commented.

At another point, Dr. Garfield said the procurement and assignment service "represents the views of the American Medical Association."

'Army Has Enough Doctors'

"I don't want this interpreted as an attack on the medical society," Dr. Garfield said, "but it is hindering us from doing a necessary job."

Kaiser pointed out that the army has 40,000 doctors for 4,000,000 men, or one per hundred, while in his plant the "army of supply" had one doctor to every 2,000 men.—*Pomona Progress-Bulletin*, November 6.

* * *

Medical Journal Hits Kaiser Setup

Chicago, Nov. 10—(UP.)—The Journal of the American Medical Association charged in an editorial today that some physicians and industrialists, including Shipbuilder Henry J. Kaiser, desire to maintain intact their own staffs of doctors "regardless of the needs of the armed forces."

The Journal defended the work of the procurement and assignment service for physicians, dentists and veterinarians in allocating medical personnel for military, industrial and civilian needs and accused Sen. Claude Pepper (D), Fla., of calling before a senate hearing only such physicians and others who were dissatisfied with the procurement and assignment service.

Pepper, charged by the Journal with conducting a "one-man inquisition," heads the senate committee on education and labor now conducting hearings on the medical personnel situation.

"One of the chief facets thus far obvious (in the senate hearing) is the desire of some industrial leaders and of the full-time staffs of physicians which they employ to maintain their individual empires without disturbance regardless of the needs of the armed forces for physicians."

Scores Setup

"They believe apparently that individual physicians should be taken by the armed forces before clinics, private hospital staffs, industrial organizations or similar groups are in any way disturbed."

"Prime movers in an assault upon the procurement and assignment service" for its allocation of doctors, the editorial said, are Drs. Paul de Kruif and Michael M. Davis, Kaiser and the head of his medical services, Dr. Sidney Garfield.

"Already," the editorial said, "evidence has been submitted that the services established by . . . Kaiser, under the direction of . . . Garfield, and endeavoring to hold from the armed forces even the opportunity to determine for themselves whether or not the considerable number of young men employed on salaries by this industrial organization are fit and available for military service."

Blow to Morale

The Journal said a doctor's fitness for the military must not be left to his employers and should be determined by local draft boards upon advice from the procurement and assignment service.

"The performance displayed in Senator Pepper's hearings," the editorial concluded, "is not likely to improve the morale of American medicine at the very time when it should be at its highest in the service of the war effort."—*Oakland Post-Enquirer*, November 10.

* * *

Doctor Draft Challenged By A.M.A. Journal

Procurement Census Made in 1940, Publication Points Out; Recruiting of Medics Hit

Chicago, Nov. 3—(INS.)—The Journal of the American Medical Association today challenged a recommendation by a Senate subcommittee on manpower that an over-all civilian authority should be established to enroll physicians for the armed services.

The committee, headed by Senator Claude Pepper, urged that a study be made to determine the number of doctors needed for civilian communities and that a census of medical men be taken.

"Had Senator Pepper's committee made inquiry, it would have discovered that the inventories proposed were made by the American Medical Association in 1940, and by the procurement and assignment service in 1941, and that studies are made week by week of the distribution of physicians in civilian communities," the Journal said.

"The procurement and assignment service was created by the President of the United States and charged with consideration of the task of meeting the needs for physicians of the armed forces, industry and civilian population.

"It has approached the problem scientifically, with accurate inventories of physicians available and needed with due regard for the health of all the United States.

"Actually, what has been done might . . . well serve as a model for the other activities of the War Manpower Commission."

The publication also scored a committee recommendation that no recruiting of doctors for the military forces be permitted until the civilian authority was created. The Journal said:

"The least that the Nation can do for those who offer their lives in combat is to provide them with the utmost that medicine can offer for the alleviation of the wounded and the prevention of unnecessary death."—Los Angeles Examiner, November 4.

* * *

Medical Journal Denounces Kaiser and Senator Pepper

Chicago, Nov. 10.—The Journal of the American Medical Association charged in an editorial today that some physicians and industrialists, including Shipbuilder Henry J. Kaiser, desire to maintain intact their own staffs of doctors "regardless of the needs of the armed forces."

The Journal defended the work of the procurement and assignment service for physicians, dentists and veterinarians in allocating medical personnel for military, industrial and civilian needs and accused Senator Claude Pepper (D., Fla.) of calling before a Senate hearing only such physicians and others who were dissatisfied with the procurement and assignment service.

Senator Pepper, charged by the Journal with conducting a "one-man inquisition," heads the Senate committee on education and labor now conducting hearings on the medical personnel situation.

"Prime movers in an assault upon the procurement and assignment service" for its allocation of doctors, the editorial said, are Drs. Paul de Kruif and Michael M. Davis, Mr. Kaiser and the head of his medical services, Dr. Sidney Garfield.

"Already," the editorial said, "evidence has been submitted that the services established by . . . Kaiser, under the direction of . . . Garfield, are endeavoring to hold from the armed forces even the opportunity to determine for themselves whether or not the considerable number of young men employed on salaries by this industrial organization are fit and available for military service."

The Journal said a doctor's fitness for the military must not be left to his employers and should be determined by local draft boards upon advice from the procurement and assignment service.

"The performance displayed in Senator Pepper's hearings," the editorial concluded, "is not likely to improve the morale of American medicine at the very time when it should be at its highest in the service of the war effort."—San Francisco News, November 10.

* * *

Kaiser Asks Probe of Dr. Fishbein

New York, Nov. 14.—(INS.)—Henry J. Kaiser, industrial wizard, today took time out from breaking shipbuilding records to challenge the integrity of Dr. Morris Fishbein, secretary of the American Medical Association.

Demanding that members of the organization investigate the medical executive because of an editorial in the current issue of the Association's journal, Kaiser asked, "If they find Dr. Fishbein in his attack on my motives to be dishonest or unworthy to represent their ideals they should immediately request his resignation."

Kaiser's challenge was based on the editorial charge in the Journal that he and other industrialists "desired to maintain their individual empires without disturbances, regardless of the need of the armed forces for physicians."

The question of conscription status of company doctors was thrashed out at the November 6 Senate Committee hearing in which Dr. Sidney Garfield, Kaiser's medical chief, asserted that A.M.A. members in charge of procurement for the armed services were threatening to draft Kaiser's company doctors unless they ceased group health activities.—Stockton Record, November 14.

* * *

Deferment of 3-A's Offered For War Work

Men With Dependents Given New Inducement to Leave Nonessential Employment

Washington, Nov. 5.—(AP.)—The selective service system is seeking to induce large numbers of men with dependents to shift from nonessential work to war-supporting occupations by offering them the prospect of longer deferment from the draft. . . . —San Francisco Examiner, November 6.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

Fifth Annual Congress on Industrial Health

The fifth Annual Congress on Industrial Health, sponsored by the Council on Industrial Health of the American Medical Association, will be held Monday, Tuesday and Wednesday, January 11-13, 1943, at the Palmer House in Chicago. These meetings are open to physicians and others interested in industrial health. There is no registration fee. The preliminary program is as follows:

Monday, January 11—Opening Session, 9:45 A.M.

Papers

Report of the Council on Industrial Health.

The Physician and Industrial Mobilization.

Preventive Medicine in Industry.

Employee-Management Coöperation for Industrial Health.

Procurement and Training of Professional Personnel for Industrial Health Service.

Ocular Signs of Industrial Poisoning.

Program by Days: Major Divisions

COMMON INFECTIONS IN INDUSTRY

(Joint Presentation by the Council on Pharmacy and Chemistry and the Council on Industrial Health, American Medical Association.)

Monday—Evening Session, 6:30 o'clock

STATE SOCIETIES' DINNER AND ROUND TABLE

An informal dinner and round table discussion, intended primarily for the personnel of committees on industrial health in state and county medical societies, will be held. Subjects for discussion will be:

Local Organization for Industrial Health Services.

Recent Experiences in Postgraduate Industrial Medical Education.

Tuesday, January 12—Morning Session, 9 o'clock

Industrial Physical Examinations: Report of the Committee on Physical Examinations of the Council on Industrial Health, American Medical Association.

HEALTH PROBLEMS ASSOCIATED WITH THE CHANGING CHARACTER OF THE WORK FORCE

Tuesday—Afternoon Session, 2 o'clock

INDUSTRIAL MEDICAL PRACTICE AND THE EMERGENCY

Streamlining Industrial Medical Service

How to Get Along with Less Help.

Tuesday, January 12—Morning Session, 9:30 o'clock

SYMPOSIUM ON MEDICAL RELATIONS IN WORKMEN'S COMPENSATION

(Joint Presentation by the Bureau of Legal Medicine and Legislation and the Council on Industrial Health, American Medical Association.)

Tuesday—Afternoon Session, 2 o'clock

SYMPOSIUM ON REHABILITATION

(Jointly Sponsored by the Council on Physical Therapy and the Council on Industrial Health, American Medical Association.)

Wednesday, January 13—Morning Session, 10 o'clock

SYMPOSIUM ON NUTRITION IN INDUSTRY

(Jointly Sponsored by the Council on Foods and Nutri-

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

tion and the Council on Industrial Health, American Medical Association.)

Wednesday—Afternoon Session, 2:30 o'clock

A Conference on Industrial Health will be presented under the auspices of the Chicago Medical Society and the Illinois Manufacturers' Association, together with many additional local and state collaborating agencies.

Ninth Annual Postgraduate Assembly: C.M.E.

The Alumni Association of the College of Medical Evangelists, in Paulson Hall of White Memorial Hospital in Los Angeles, on Sunday, December 6, 1942, presented its Ninth Annual Postgraduate Course. Program follows:

Morning Session

- 9:00 a.m.—"Combined Chemo Therapy and Fever Therapy in Treatment of Syphilis."
H. Worley Kendall, M. D., Associate Director of Kettering Institute for Medical Research, Miami Valley Hospital, Dayton, Ohio. (Dr. Kendall's paper will be read by Fred B. Moor, M. D., Professor of Pharmacology and Therapeutics, College of Medical Evangelists School of Medicine, Los Angeles, Calif.)
- 9:30 a.m.—"Primary Coccidioidomycosis."
William A. Winn, M. D., Medical Director, Tulare-Kings Counties Tuberculosis Hospital, Springville, Calif.
- 10:00 a.m.—"The Causes of Hypertension."
Maj. William Dock (MC), Professor of Pathology, Cornell University Medical College, New York, N. Y. (On military leave.)
- 10:30 a.m.—"Management of Chemical Injuries of the Eye (Including War Gases)."
Harold F. Whalman, M. D., Clinical Professor of Ophthalmology, College of Medical Evangelists School of Medicine, Los Angeles, Calif.

Recess

- 11:15 a.m.—"Principles of Differential Diagnosis."
Julius Bauer, M. D., Clinical Professor of Medicine, College of Medical Evangelists School of Medicine, Los Angeles, Calif.
- 11:45 a.m.—"Recent Advances in the Treatment of Pelvic Inflammatory Disease."
George E. Judd, M. D., Assistant Clinical Professor of Gynecology and Obstetrics, University of Southern California School of Medicine, Los Angeles, Calif.
- 12:15 p.m.—"The Physician and the Social Implications of the War."
Walter H. Brown, M. D., Professor of Public Health, University of California School of Medicine, San Francisco, Calif.

Afternoon Session

- 2:30 p.m.—"Differential Diagnosis of Chronic Sinusitis and Chronic Allergy."
Ben R. Dysart, M. D., Instructor in Surgery (Otolaryngology), University of Southern California School of Medicine, Los Angeles, Calif.
- 3:00 p.m.—"Office Management of the Diabetic Patient."
Howard F. West, M. D., Clinical Professor of Medicine, University of Southern California School of Medicine, Los Angeles, Calif.
- 3:30 p.m.—"Lessons in Fracture Surgery from Recent War Casualties."
Comdr. Rudolph Joldersma (MC), Chief of Orthopedic Service, U. S. Naval Hospital, San Diego, Calif.

Recess

- 4:15 p.m.—"Manipulative Therapy for Back Injuries."
Horace C. Pitkin, M. D., Consulting Orthopedic Surgeon, Stanislaus County and St. Francis Hospitals, San Francisco, Calif.
- 4:45 p.m.—"Intravenous Urography."
Jay J. Crane, M. D., Associate Clinical Professor of Surgery (Urology), University of Southern California School of Medicine, Los Angeles, Calif.
- 5:15 p.m.—"Hypothyroidism."
E. Kost Shelton, M. D., Associate Professor of Medicine, University of Southern California School of Medicine, Los Angeles, Calif.

Evening Session

- 7:00 p.m.—"Physical in Contrast to Psychic Treatment of Certain 'Psychiatric' Disorders."
Johannes M. Nielson, M. D., Associate Clinical Pro-

fessor of Neurology and Psychiatry, University of Southern California School of Medicine, Los Angeles, Calif.

7:30 p.m.—"Practical Aspects of the Diagnosis of Breast Tumors."

Isaac Y. Olch, M. D., Assistant Clinical Professor of Surgery, University of Southern California School of Medicine, Los Angeles, Calif.

8:00 p.m.—"Determining Factors in Prognosis and Treatment of Mammary Carcinoma."

Ian J. Macdonald, M. D., Instructor in Surgery, University of Southern California School of Medicine, Los Angeles, Calif.

8:30 p.m.—"Certain Aspects of Sulfonamide Therapy."
Frederick J. Moore, M. D., Instructor in Bacteriology, University of Southern California School of Medicine, Los Angeles, Calif.

Registration Fee \$2.00.

No registration fee will be required of students, interns or residents.

COMMITTEE ON MEDICAL EDUCATION

Peril to Supply of Doctors Seen

Unless provision is made to assure a minimum of two years' premedical education," only women and the physically unfit" will be able to enter medical schools next year. Brig. Gen. Charles C. Hillman, surgeon general of the army, on November 20th, told army, navy, and civilian doctors attending the annual conference of Secretaries and Editors of Constituent State Medical Associations at 535 North Dearborn Street.

Gen. Hillman explained the lowering of the draft age to 18 is taking men who normally would enroll in medical courses next year. He expressed hope that plans will be made to assure a continuous supply of new physicians for essential industries and civilian communities.

Despite this future threat to medicine, speakers agreed the medical profession has supplied the armed forces with all the doctors required so far, and there still are enough left to assure civilians adequate medical attention. There is no likelihood of a shortage of doctors for the present, they said.

Dr. Frank H. Lahey, chairman of the board of procurement and assignment service for doctors, said the armed forces now have 6.5 doctors for every 1,000 men, and there is one doctor for every 1,500 civilians.

"The ratio of doctors to civilians in America is much higher than it is in other countries," he said. "England now has only one doctor for every 2,700 civilians, and Germany is functioning with only one for every 12,000 civilians. The procurement service has surveyed the entire nation and is now sending doctors to areas reporting a shortage. So far we have dispatched 218 doctors to 154 communities in 29 different states."

Discussing the rôle the Public Health Service has played during the war emergency, Dr. Thomas Parran, surgeon general of the service, said that medical officers and sanitary engineers are being moved to spots where the shift of population into the war industry areas has created a health menace.

Dr. Parran also announced that quarantine hospitals for civilian carriers of venereal diseases are being set up. The Wesley Memorial hospital will handle Chicago cases, he said. At these quarantine centers all disease carriers will be isolated in an effort to protect men in the services.

Medical Students Might Graduate in Five Years

Chicago, Nov. 13—(INS.)—Suggestions for turning out graduate medical students five years after high

school were advanced in the Journal of the American Medical Association here as one way of increasing the number of physicians needed in the war effort.

The recommendations were adopted by the association's council on medical education and hospitals and would provide for "granting the M. D. degree within a period of five years after graduation from high school as contrasted with seven to eight years before the war."

Under the plan, required premedical education would be squeezed into two calendar years, the premedical course would be a qualifying year for the medical course and matriculated students would be recommended for enlistment or commission in the army or navy and remain on an inactive list until graduation.—*Pomona Progress-Bulletin*, November 13.

Sulfa Poisoning Being Overcome in Experiments

*Advance in Fighting Effects Reported by
U. S. Health Service*

Washington, Nov. 22—(N.A.N.A.)—A possible long step forward in combating poisonous effects of sulfa drugs is seen in experiments just reported by the U. S. Public Health Service.

Perhaps the worst effect thus far reported is the development of the anemic condition known as agranulocytosis, or destruction of some types of white cells in the blood. A few years ago there was a national scandal when it was found that this was being caused by certain popular headache remedies. Victims almost always died.

But the agranulocytosis caused by sulfa drugs, apparently only in highly-susceptible individuals, can be stopped if treated in time, and thus far there have been no fatalities.

Doctors Clear Up Situation

Working to clear up the situation, Drs. S. S. Spicer, Floyd S. Daft, L. L. Ashburn and W. H. Sebrell, of the Public Health Service staff, fed rats with a scientifically adequate diet to which were added heavy doses daily of sulfaguanidine and a type of sulfathiazol.

For a few days there were no notable effects. Then the rate of growth of the young animals slowed down and soon growth stopped altogether. Agranulocytosis was produced with regularity, together with fragility of the blood vessel walls, several other serious blood conditions and a curious breaking out on the skin. The animals always died in a short time.

But, the Public Health Service doctors found they could prevent the agranulocytosis, other blood conditions and stoppage of growth entirely if they fed the animals, simultaneously with the sulfa drugs, regular doses of liver extract. The skin condition could be prevented entirely if they fed infinitesimally minute amounts of the B vitamin, biotin, most powerful of all physiological substances.

Mechanism Still Vague

The mechanism of the reactions is still vague, the physicians report. There is a possibility, they believe, that the sulfa drugs, given in heavy doses, prevent the synthesis within the body itself of certain essential vitamins, some of which may still be unknown. It is possible that the biotin is synthesized in this way.

There is also the possibility that the drugs act as a direct poison on certain blood cells, and that this poison is counteracted by something in liver extract. It is also possible that the sulfa substances interfere with one or more of the extremely complex enzyme systems of the animal body which are basic in the phenomenon of growth.—*Press Dispatch*, November 20.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (29)

Alameda County (6)

Elizabeth Torrey Andrews, *Berkeley*
Clarence B. Foltz, *Oakland*
Roger W. Hackley, *Oakland*
C. B. Hills, *Berkeley*
Glenn A. Pope, *Oakland*
James A. Stark, *Oakland*

Fresno County (1)

John Francis Murray, *Fresno*

Inyo-Mono County (1)

Charles W. Anderson, *Bishop*

Sacramento County (3)

Charles E. Anzinger, *Sacramento*
George L. Browning, *Sacramento*
Henry E. Kleinsorge, *Sacramento*

San Bernardino County (1)

Joseph Perlson, *Patton*

San Diego County (2)

J. L. Barritt, *La Jolla*
Alfred C. Dick, *La Jolla*

San Francisco County (9)

Fred Cassius Blake, *San Francisco*
Julian Stanley Davis, *San Francisco*
Malcolm H. Finley, *San Francisco*
Vincent H. Greco, *San Francisco*
Fred Bernard Marasco, *San Francisco*
Thomas Tanton Nickels, *San Francisco*
Roland D. Pinkham, *San Francisco*
Otto E. L. Schmidt, *San Francisco*
John Francis Skelly, *San Francisco*

Santa Barbara County (2)

Hugh E. Stephens, *Santa Barbara*
William Gordon Winter, *Santa Barbara*

Santa Clara County (1)

Edward C. Sewall, *Palo Alto*

Shasta County (3)

William Lisle Bell, *Redding*
Maurice Leopold Lubin, *Weaverville*
Harry Raymond McVicker, *Redding*

Associate Members (1)

John B. Saunders, *San Francisco*

Transfers (2)

Egil Hanssen, from Fresno County to San Bernardino County
Richard D. Loewenberg, from San Francisco County to Lassen-Plumas-Modoc County

†For roster of officers of component county medical societies, see page 4 in front advertising section.

In Memoriam

Billingsley, Urban Clark. Died at Gold Run, November 15, 1942, age 67. Graduate of Cooper Medical College, San Francisco, 1904. Licensed in California in 1904. Doctor Billingsley was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

Eder, Lawrence Frank. Died at Santa Barbara, October 11, 1942, age 42. Graduate of the University of Minnesota Medical School, Minneapolis, 1924. Licensed in California in 1928. Doctor Eder was a member of the Santa Barbara County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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Ellis, Bertrand Le Roy. Died at Long Beach, October 31, 1942, age 30. Graduate of the College of Medical Evangelists, Loma Linda, 1940. Licensed in California in 1940. Doctor Ellis was a member of the Los Angeles County Medical Association, and the California Medical Association.

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Franklin, Edward Alfred. Died at Los Angeles, November 4, 1942, age 58. Graduate of Columbia University College of Physicians and Surgeons, New York City, 1905. Licensed in California in 1921. Doctor Franklin was a member of the Los Angeles County Medical Association, and the California Medical Association.

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Gundrum, Frederick F. Died at Sacramento, October 23, 1942, age 62. Graduate of Johns Hopkins University School of Medicine, Baltimore, 1908. Licensed in California in 1910. Doctor Gundrum was a member of the Sacramento Society for Medical Improvement, the California Medical Association, and a Fellow of the American Medical Association.

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Heylman, Harry H. Died at Long Beach, October 30, 1942, age 74. Graduate of Kansas City Medical College, 1897. Licensed in California in 1915. Doctor Heylman was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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Liljencrantz, Eric. (Commander, M.C., U.S.N.) Died at Pensacola, Florida, November 5, 1942, age 40. Graduate of Stanford University School of Medicine, 1929. Licensed in California in 1929. Doctor Liljencrantz was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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OBITUARIES

Ellis Harbert
1866—1942

On July 16, Dr. Ellis Harbert, one of the veterans of the San Joaquin County Medical Society, passed on to his final reward. He had been ill for over six years and totally incapacitated for many months preceding his death, which was caused by biliary cerrosis with complications.

Dr. Harbert was born in Green Forest, Arkansas, on January 12, 1866, and his early education was in the elementary schools of his home town and at the private academy in Little Rock, Arkansas, where he prepared for Vanderbilt University School of Medicine from which he was graduated in 1893. After some postgraduate study in New York, Dr. Harbert came to California and located in 1897, at Waterford, remaining one year. In 1898 he opened offices in Stockton, and for short periods had as associates Dr. Daniel F. Ray and later Dr. James P. Hull. There were no hospitals in Stockton in 1898, and the kitchen table was used for operating. Partly due to Dr. Harbert's urgent requests Reverend Father O'Connor built the hospital, since known as St. Joseph's,

and for the nearly forty years of his active practice, Dr. Harbert served on its staff.

For over twenty years Dr. Harbert was a member of the Stockton State Hospital Board. He was a great lover of the outdoors and duck hunting was his favorite sport. For indoor recreation he greatly enjoyed a guessing contest with his friends as to the value of the down card. In politics he was an ardent Democrat, and in religion was a liberal and one of the founders of the first Unitarian society in Stockton.

In his professional career, Dr. Harbert was primarily interested in surgery and through the years did a great volume of work and won the respect, confidence, and friendship of thousands. During the first World War when the Holt Manufacturing Company was the leading industry of this city, employing several thousand men, he was the company surgeon in addition to his large private practice. During the last years of his life when illness prevented active practice, Dr. Harbert utilized the trained skill of fingers in turning to wood carving, weaving, and other types of handiwork which he did with unusual skill.

The members of the San Joaquin County Medical Society extend their sincere sympathy to the surviving widow and daughter of their late esteemed and respected member.

DEWEY R. POWELL, M. D.

+

Frederick F. Gundrum
1880—1942

Frederick F. Gundrum died at Sacramento, California, on October 23, 1942. Doctor Gundrum graduated from the Johns Hopkins University School of Medicine, Baltimore, in 1908, and was demonstrator in anatomy at the University of Pittsburgh in 1909-1910. He was certified as a specialist by the American Board of Internal Medicine; was a Fellow of the American College of Physicians. Dr. Gundrum was president of the California Academy of Medicine in 1937, vice-president of the State Board of Medical Examiners from 1913 to 1915 and of the California State Board of Health from 1915 to 1932. He was a valued member of the Sacramento Society for Medical Improvement, as well as past president and secretary of that Society. He served as chairman of the medical advisory board No. 7 during World War I; was director of the North California Branch of the State Laboratory from 1912 to 1915, and also chief visiting physician at the Sacramento County Hospital from 1910 to 1919, and secretary and member of the board of trustees of the Sutter Hospital.

During his years of practice in the Sacramento Valley, Doctor Gundrum made for himself a place in the hearts of patients, colleagues and fellow citizens—a place that will be hard to fill.

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Alfred Baker Spalding
1874—1942

Alfred Baker Spalding, 68, emeritus professor of gynecology and obstetrics in the School of Medicine of Stanford University, died at his San Francisco home Friday, Nov. 27. Dr. Spalding was widely known for the Spalding rule for the period of pregnancy, and for founding the San Francisco Home Maternity Service for persons of limited means. In failing health for some years, Dr. Spalding became emeritus from Stanford in 1930, and retired from active practice eight years ago.

He was one of Stanford's football immortals, playing with the team that was coached by Walter Camp and managed by Herbert Hoover. Following his graduation from Stanford University in 1896, he attended Columbia University which awarded him the M. D. degree in 1900.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. F. G. LINDEMULDER.....President
MRS. RENE VAN DE CARR.....Chairman on Publicity
MRS. ROSSNER GRAHAM...Asst. Chairman on Publicity

News Items

In spite of the imminent gas rationing and tire shortage, Alameda County members are still responding one hundred per cent to the one day a month hospitality center service for men in the armed forces.

Three weeks in October were devoted to a letter campaign in support of the Basic Science Act. Although the Act was defeated, it is hoped that the ground work has been laid for a favorable return the next time it appears on the ballot.

Entertainment at the regular November meeting of the Auxiliary was furnished by Mrs. William H. Sargent, who sang a group of songs. Ena Louise Spencer, balloonist and parachutist, of London, England, talked about "England Under Fire."

Mrs. Floyd Bell, President, has announced that there will be no December meeting.

"Medical Morale" is the theme adopted for this year by the Woman's Auxiliary to the Los Angeles County Medical Association, and with this in mind, the opening business meeting was held on Tuesday, October 27, at 12:30, at the Chapman Park Hotel with Mrs. Franklin Farman, President, presiding.

Mr. Richard Atkinson, world traveler, author and member of the American Press Commission to Europe, gave a most interesting talk on "Russia and the World Today."

Honored guests were officers of the Los Angeles County Medical Association, namely: Dr. George D. Wells, President; Dr. Robert W. Wilcox, Vice-President, and Dr. Louis A. Alesen, Secretary and Treasurer.

Mrs. William R. Molony, Jr., Legislative Chairman, spoke briefly and introduced Mr. Ben Reed, Executive Secretary of the Public Health League of California, and Mr. Stanley Cochems, Executive Secretary of the Los Angeles County Medical Association. Mr. Reed spoke in behalf of Proposition No. 3, and Dr. Alesen lead a discussion and answered questions from the floor.

Mrs. Newell Jones, Chairman of Philanthropy, announced that Auxiliary members are to sell tickets for a drawing on March 23, 1943, on a \$100.00 Defense Bond. This will be for the benefit of the Philanthropy Fund.

There is to be a District meeting held in Santa Ana on Friday, November 13, at which this Auxiliary will be represented.

A meeting of the Riverside Auxiliary was held on October 12th, at the Riverside Community Hospital. Mrs. Erwin Miller, program chairman, presided.

There were 12 members present and the evening was spent in rolling bandages for the hospital.

An appeal for help at the U.S.O. house was voiced by Mrs. H. J. Wickman. Mrs. H. W. Naockel asked for donations of used furniture for the Red Cross hospitals and recreation committees.

Plans for the distribution of information in regard to the Basic Science Act were discussed.

† Prior to the tenth of each month, reports of county chairmen on publicity should be sent to Mrs. Rene Van de Carr, 51 Prospect Road, Piedmont. For roster of state and county officers, see page 6, in front advertising section.

Members of the Woman's Auxiliary to the Sacramento County Society for Medical Improvement were hostesses to the Eighth District at a luncheon, held at the Senator Hotel, on November 5th, at 12:45 p.m. Mrs. Manuel L. Azevedo, the newly-elected President of the Society, greeted the out-of-town guests.

Mrs. Charles Landis, of Chico, Councilor of the Eighth District of the Woman's Auxiliary to the California Medical Association, Mrs. F. G. Lindemulder of San Diego, State President of the Auxiliary, and Mrs. Ralph Eusdon, First Vice-President, were among the out-of-town guests who were entertained. Mrs. Landis presided.

The flower decorations were carried out in a Harvest theme, these being arranged by the Chairman of the Decorations Committee, Mrs. Lorenz Ruddy.

The members and new guests of the Society were greeted by the Hostesses Committee, under its Chairman, Mrs. J. Vincent Crawley, assisted by Mrs. Dan O. Kilroy.

The Woman's Auxiliary to the Humboldt County Medical Association met at the home of Mrs. Louis Weichselfelder, on Monday, November 2, 1942, at 8 o'clock p.m.

The meeting was called to order by the Vice-President, Mrs. B. M. Marshall.

It was decided that no meeting would be held in December, the next meeting to be at the home of Mrs. Joseph F. Walsh, on the afternoon of January 14, 1943. This meeting will be followed by a Tea to be given in honor of the visiting Navy and Army Medical wives and for the family members of the local Auxiliary. Mrs. Orris Myers was appointed as General Chairman for the occasion, with Mrs. John S. Chain, Jr., acting as her assistant. One of the duties of these two members will be to contact all Navy and Army Medical wives.

On December 7 to 14, inclusive, members of the Auxiliary will take turns as hostesses at the local U.S.O. Center.

Mrs. Walter Dolfini, Treasurer, has been authorized to turn over the proceeds collected from the two play readings, given by Mrs. Gordan Manary last spring, to the local Red Cross.

The Woman's Auxiliary to the Marin County Medical Society held its second meeting of the year, on October 22nd at the Blue Rock Hotel, in Larkspur.

Following dinner, Mrs. Harry O. Hund introduced Dr. Isabelle Lewis Main, who told of the remarkable things that had been done in the past for the Chinese and the great need for food and medical care that now existed. Dr. Main spoke in behalf of the China War Relief. The members of the Auxiliary contributed generously to the cause and also voted to take money from the treasury to donate to the drive.

The business meeting was held following the program, Mrs. Rodney B. Hartman, presiding. It was announced that Mrs. Lindemulder, State President, would be in Santa Rosa, November 4th, to meet with the Auxiliaries of Sonoma, Solano, Marin and Medocino-Lake Counties.

Dr. John Cline, President of the San Francisco County Medical Society, addressed the Woman's Auxiliary at their October meeting. Dr. Cline spoke on the importance of passing the Basic Science Act.

Dr. Maurice L. Tainter, Professor of Pharmacology at the Stanford Medical School, discussed the "Revolution in treatment caused by Sulfanilamide."

About 65 members heard the speakers and attended the

business meeting which followed. Mrs. Raleigh Burlingame, President, presided. Mrs. Norman Morgan, Hospitality Chairman, who arranged the Tea, was assisted by Mrs. Thomas Gibson, Mrs. William Reilly, and Mrs. Paul Wyne.

One of the projects of the Auxiliary this year is assisting at the San Francisco County Medical Society's Blood Bank. Mrs. Howard Dixon is Chairman of the Motor Corps; Mrs. Guy Schoonmaker, Canteen; Mrs. Roger McKenzie, Technician's Aides. These departments are all staffed by Auxiliary members.

CALIFORNIA PHYSICIANS' SERVICE†

Beneficiary Membership

Industrial (September).....	37,871
Rural Health Program	1,500
War Housing Projects (December 1st)	
(Approximate)	6,500
Vallejo	2,000
Marin	3,200
San Diego	1,500

C.P.S. has recently signed contracts with the Housing Authorities of Marin County, Vallejo and Los Angeles. These authorities are providing housing to bona fide war workers. The estimated population to be covered under the medical and hospital plan will be approximately 100,000 persons. This is a tremendous responsibility for the medical profession of California. A good job must be done. *Every physician in California is committed to help make this a success.*

There are far-reaching implications in this endeavor in which governmental agencies have turned over and have given to a state-wide organization of the medical profession the opportunity to do its part in the war effort. *Failure* can only mean that some one else must do the job—and that can only mean the government. *Success* will mean satisfaction in having made a valuable contribution to war production, plus an unpredictable advantage in leadership in the field of medical economics for the population as a whole.

* * *

JUST A FEW THINGS TO THINK ABOUT

Who will provide the medical care for:

250 000 war workers in California now, and the x number, 6 months from now?

The 150 000 migrating within the state?

Continuous westward migration of labor of all kinds?

New cities being built by Federal Public Housing Authority without regard to supply of physicians or hospital facilities?

Metropolitan population increasing rapidly?

When it is known that:

California's quota to armed forces remains the same.
Many rural communities are already without enough physicians.

Many metropolitan practices stretched to the breaking point.

Resident population getting jittery.

New housing projects with no medical facilities whatsoever.

† Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization. For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

Shall it be:

Readjustments on an individual basis?

War Manpower Commission?

National Housing Agency?

United States Public Health Service?

Legislation?

or

OURSELVES?

A. E. LARSEN, M. D.,
Secretary-Medical Director.

* * *

CALIFORNIA PHYSICIANS' SERVICE

153 Kearny Street

San Francisco, California

BULLETIN OF OCTOBER 30, 1942

Financial operations for the month of August were as follows:

Dues collected	\$51,663.74
Late dues and unused portion of prior allocations	308.11
Professional member dues	65.00

52 036 85

Cost of Administration..... 9,779.52

Available for August business..... 42,257.33

Available for remaining professional services 39,314.38

X-ray and lab. on hospitalized patients..... 2,942.95

29,807.8 units of service..... 38,750.14

Transferred to Unit Stabilization Fund.... 564.24

Previous balance in Fund..... 24,611.69

Total Unit Stabilization Fund..... \$25,175.93

* * *

BULLETIN OF DECEMBER 1, 1942

Financial operations for the month of September were as follows:

Dues collected	\$49,365.51
Late dues and unused portion of prior allocations	738.88
Professional member dues	105.00

50 209 39

Cost of Administration..... 12 202.18

Available for September business..... 38 007 21

X-ray and lab. on hospitalized patients..... 2,584.68

Available for remaining professional services. 35 422 53

25,645.1 units of service..... 35,903.14

Transferred from Unit Stabilization Fund.. 480.61

Previous balance in Fund..... 25,175.91

Total Unit Stabilization Fund..... \$24,695.32

* * *

One Wartime Medical Care Problem Solved by the Medical Profession Itself: Some Excerpts from FPHA Bulletin, Published by Federal Public Housing Authority, Washington, D. C., No. 19, of November 10, 1942

"A prepaid medical service plan for war housing tenants is in operation at the Marin City project of the Marin County Housing Authority in California. The plan includes complete medical care, surgery, and hospitalization furnished by agreement with the California Physicians' Service, a nonprofit organization which op-

erates a state-wide prepayment medical service sponsored by the California State Medical Association.

"Membership in the plan is voluntary on the part of tenants. . . . There has been enthusiastic response from the Marin City project tenants. Thus far 600 families and 1,100 single men already living there have joined the plan. Tenants pay a monthly fee of \$5 per family with children, \$4 for a two-person family, and \$2.50 for a single person.

"The plan grew out of the wartime necessity to assure medical care for in-migrant war workers and their families. Not only have those families been cut off from family physicians in their former communities, but the induction of doctors into military service has curtailed medical services in the communities in which they are now living. A further factor is the necessity to supply medical services which will help to prevent the spread of contagious diseases among highly concentrated populations in war production areas.

"Authorities in other California cities and towns are eager to participate in the plan and procedures for their inclusion are being prepared. Coöperating with FPHA and local housing authorities is the United States Public Health Service. All three have combined responsibility in arranging medical care for families living in public housing projects.

"The plan includes a medical center in the project, supplied with proper medical and nonmedical equipment, and staffed by nurses and resident physicians."

A. E. LARSEN, M. D.,
Secretary-Medical Director.

Housing Project Renters to Get Free Medical Care

Vallejo, Nov. 16.—Complete medical care as a routine service included in the weekly rent bill will be offered starting today to 800 Mare Island Navy Yard workers and their families living in Vallejo's Victory Apartments in an experiment which may show the nation how to solve the health problem in over-crowded defense plant areas.

The service, if it proves itself, will be extended to the 10 to 12 thousand persons soon to occupy Chabot Terrace and later to Federal Terrace, Lincoln Highway dormitories, and other Federal housing projects under jurisdiction of the Vallejo Housing Authority.

The Vallejo undertaking, with a similar experiment under way with 4,000 residents of Marin City at Richmond, will be under the scrutiny of Government experts charged with protecting millions of defense workers from war-born pestilence.

The nearly 3,000 workers, wives and children in Victory Apartments, located west of Fourth Street from Rayland Street to the Southern Pacific tracks, will have every medical service, including 21 days of hospitalization at their disposal for the asking. Utilization of the service will be optional and doctors in charge will coöperate to the fullest extent with physicians of the Solano County Medical Association and Vallejo Academy of Medicine who are in large part responsible for the experiment.

Offices, staffed by doctors and nurses assigned by the Doctors Procurement and Assignment Service of the War Manpower Commission, will be opened at 516 Ryder Street. Dr. Albert E. Larsen, medical director of the California Physicians' Service, which will handle the project, said the office would be opened today.

This announcement was made after a conference with Maurice Wilsie, executive manager of the Vallejo Housing Authority, Dr. E. R. Mills of the district office in San Francisco, Dr. M. A. Dexter of the Solano County Medical Association, John A. Bohn, executive manager of Chabot Terrace, and Larry Wise, head of the Vallejo Housing Authority department of project services.—Oakland Tribune, November 16.

Workers to Pay Medics with Rent

San Francisco (INS.)—Several thousand families in California war-plant industrial communities now pay their doctor bills in advance, and with their rent. And within a few weeks 35,000 California farm families will be adopting a similar prepayment plan which last year reduced farm medical costs in three experimental counties to between \$10 and \$20 a year per person.

The urban coördination of rental and medical charges has been inaugurated in Sausalito, San Diego and other cities which have large housing projects for war workers. The housing authority turns the money for medical service over to the California Physicians' Service, which assigns doctors and nurses and maintains clinics.

These innovations are only two of many which war conditions are effecting in medical and hospital practice in Pacific Coast states now coping with a double threat to public health—sudden boom town gains in population and the loss of a high percentage of young physicians and surgeons to the armed services.

Deduct Charges

Some of the big-scale employers—notably Henry J. Kaiser—have elaborated and extended the system of deducting charges for medical check-ups from the wages of their workers.

Executives of crowded hospitals are refusing to accept patients who can be treated in their own or nursing homes.

Hard-pressed physicians and surgeons are discussing establishment of district medical centers. These would eliminate many medical calls at private homes. Only the seriously ill who were also bedridden would receive such calls. Other patients would have to go to the doctors at the nearest medical center.

Facing the virtual certainty that the coming winter months will increase the incidence of colds, pneumonia and influenza, clubs and civic organizations are sponsoring public instruction in standard methods of health protection and home nursing.

While these steps are being taken to reduce disease hazards in the cities and towns, a new program to extend adequate medical service to the low-income group of California farmers will become effective shortly. Under its provisions, as announced by the farm security administration and the California Physicians' Service, any farm family with a net yearly income of \$2,000 or less may join the coöperative group. About 35,000 families, or 130,000 persons, are being offered membership.—San Jose News, November 11.

Health Aid to Low Income Farm Groups

Group Action Follows Forming Associations Program to Benefit

Benefits of the rural health insurance program offered by the California Physicians' Service are open to families whose incomes are at least 50 per cent from agricultural sources and the net of which as reported for 1941 State income tax did not exceed \$2,000, upon certain group action by a sufficient number of these families in any given locality. Coverage does not actually begin until membership cards are received by the family members from the physicians' service.

The group action involves the formation of a farmers' health association which enters with the physicians' service into a contract known as "The Rural Health Service Agreement." A constitution and by-laws to govern the association are drawn up by the organizing committee, acting as a temporary board of directors. Each family applying for membership, signs on the application a pledge to abide by this constitution and by-laws.

Membership Dues

Membership dues for participation in the insurance program, plus a small amount for the running expenses of the local association, are payable by check or money order made in favor of the California Physicians' Service and held by a trustee until the close of the period for receiving dues, at which time they are sent as one fund from the farmers' health association to the physicians' service headquarters, at 153 Kearny Street, San Francisco. There the physicians' service acts as a trustee for its physician members, paying them monthly on a unit basis for the services they report as having rendered the previous month to participants in the insurance program. The portion of the fund that represents dues for running expenses of the local association is returned to the treasurer of the association.

List Members

Accompanying the fund which is sent from the farmers' health association to the physicians' service are the applications for membership and a list of the families whose applications and dues are included. The applications, containing the names of members of each family, are used for making the membership cards for each person in families whose applications are approved. The name of any family whose eligibility is questioned by the local organizing committee or local physicians' reviewing board is starred on the list, and the physicians' service may request that family for a copy of their 1941 income tax

report or for other information to determine their eligibility.

The presentation of the individual membership card to the physician at the time he renders services included under the coverage of the insurance program authorizes him to send his bill, in the form of a statement of services rendered, to the physicians' service instead of to the family.—*Madera Tribune and Mercury*, October 26.

Health Insurance

Medical Care Included in Federal Rent

"Now," said the rental agent, "here is a lovely apartment—plenty of room for you and your family, completely furnished, and the rent is only \$45 a month—including complete medical and hospital care in case of illness."

Here is modern health insurance—doctor bills paid in advance, as part of the rent.

It is already in effect for 8,000 California war workers in Federal war housing projects, and will eventually spread to an estimated 100,000 or more.

Contracts Revealed

Its development was revealed here yesterday by Dr. A. E. Larsen of California Physicians' Service, following completion of contracts in four war centers.

The first district takes in thousands of airplane workers in San Diego, the second covers all Marin county, including Marinship and Hamilton Field, the third involves shipbuilders and aircraft workers in Los Angeles, and the fourth takes in 1,000 families in the Vallejo district.

"The San Diego project was our guinea pig," Dr. Larsen said, "We actually were planning it before the war, and signed the contract this May. That's where we learned our lessons."

In each case, the agreements were made by C.P.S. and local physicians' groups with the Federal Public Housing Authority and the local housing authority.

The cost of protection is \$2.50 a month for a single worker, \$4 for a man and wife, and \$5 for a man, wife and family.

Only those living in war housing projects are entitled to this type of coverage, although other C.P.S. contracts have been made recently with industrial and agricultural groups.

Doctors Collected

The medical contracts for residents of war housing projects provide complete medical and hospital protection with only two limitations—no more than 21 days' hospitalization for any single illness, and no more than \$5 per day for hospitalization in maternity cases.

Patients with minor illnesses are treated in the clinic provided at each housing project. If their illness is serious, they are advised to consult a private doctor of their own choice, or—if they have one—their family doctor in the neighborhood.

To staff the clinics, Dr. Larsen said, it has been necessary to hire local men where available or bring outside doctors into war-booming communities.

Many doctors have been "collected" from ghost towns, where nearly all the residents have gone away to the shipyards, and brought to Vallejo, Sausalito or Los Angeles.

Allen physicians, unable to secure commissions in the Army or Navy Medical Corps, have been given vital jobs in caring for war workers.

Morale Builder

Some of these newly recruited men are giving full time to their patients in housing projects, while others are spending part time on them and part time on their private patients.

Dr. Larsen declared the new arrangement has aided in building morale, decreasing lost time due to illness, and sparing workers from the shock of the cost of sudden illness.

"This is not State medicine," he said. "It merely shows that the medical profession has found a way of working with the Government."—*San Francisco Chronicle*, December 11.

The Doctor's Bill.—An editorial appeared some time ago in *America* in which a survey by the Metropolitan Life Insurance was quoted and which showed that the average annual payment for the average family to its physicians is \$140.00. The figure may be accurate but it gives no hint to the usual long delays after the service was rendered before payment was made. The commentator makes the following remarks.

"Now the cost of repairing the human machine engenders one of the most interesting problems of the day. It is a most important factor in the family budget. From very many parts of the country the report has come that, after the bill for medical services has been rendered, the family physician, who floated into the house with healing upon his angelic wings, assumes the menacing part of a Shylock.

"That medical, hospital, and surgical fees do impose a terrific burden upon some families is beyond all question. To many a man working for a salary, the physician's order to go to a hospital for an operation, is worse than a decree in bankruptcy. It means, in many instances, the loss of his job, and a period in which bills pile up so high that he must work for the rest of his life to pay them.

"This fact is recognized by the profession. For several years medical, surgical and hospital committees have been surveying the field, and as they are animated by an honest purpose, we can rely upon an accurate and intelligent diagnosis of a very serious social problem. But it has already become apparent that the reason of many a heavy hospital bill is the fact that the patient and his family have demanded unnecessary, and even luxurious, accommodations, and special service. Even when they are sick, some people never lose their ambition to keep up with the family of Jones.

"One aspect of this problem should not be lost sight of. If some physicians demand, and collect, exorbitant fees, others never receive the modest fees which they ask. Every profession has its list of nonpaying clients, but the physicians probably have the longest catalogue. Men who have been snatched from Mr. Toots would designate as the Cold and Silent Tomb, are so jubilant that they are quite unable to think of anything so prosaic as a bill for professional services rendered. Besides, now that the crisis is safely passed, they are too busy arranging a vacation trip.

Medical and Hospitalization Benefits for Veterans of World War II.—S. 2726, introduced by Senator Clark, Missouri, August 20, and pending in the Senate Committee on Finance. A bill to amend Section 6 of Public Law No. 2, Seventy-third Congress, March 20, 1933, as amended.

Comment.—The purpose of this bill is to accord to the veterans of the present war the medical and hospitalization benefits made available to veterans of World War I.

"On the Side."—A paragraph from the Column of E. V. Durling:

Queries from clients. Question.—I would like to ask you a fair question. If a doctor is doctoring a doctor, does the doctor doing the doctoring, doctor the doctor the way the doctor being doctoring wants to be doctoring or does the doctor doctoring the doctor doctor the doctor the way he usually doctors?

Answer.—As I understand it the doctor doctors the doctor the way he thinks the doctor should be doctoring, but while the doctor doing the doctoring is doctoring the doctor, the doctor being doctoring demands that the doctor doctor him the way he, the doctor who is being doctoring demands. The doctor doing the doctoring and the doctor being doctoring then get into an argument about the doctoring. This aggravates the doctor being doctoring, and the doctoring done by the doctor doing the doctoring is of no avail. That is why doctors die younger than other people. I hope I make myself clear.—*San Francisco Examiner*, September 4.